Management Sciences for Health /Health Commodities and Services Management Program (MSH/HCSM) Work Plan: 1st April 2011- 30th September 2012

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Health Commodities and Services Management Program
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About MSH/HCSM

The MSH/HCSM Program strives to build capacity within Kenya to effectively manage all aspects of health commodity management systems, pharmaceutical and laboratory services. MSH/HCSM focuses on improving governance in the pharmaceutical and laboratory sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines and related supplies.

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ACRONYMS AND ABBREVIATIONS

ADR	Adverse Drug Reaction
AIDS	Acquired immunodeficiency syndrome
AMREF	African Medical Research Foundation
AMU	Appropriate Medicine Use
AOP	Annual Operational Plan
APHIA	AIDS Population and Health Integrated Assistance (project)
ART	Antiretroviral therapy
ARV	Antiretroviral (drug)
AZT	Azido-Thymidine (Zidovudine)
CDC	(U.S.) Centers for Disease Control and Prevention
CHAK	Christian Health Association of Kenya
CHW	Community Health Worker
CPD	Continuous Professional Development
DANIDA	Danish International Development Agency
DDFS	Division of Diagnostic and Forensic Services
DDPC	Division of Disease Prevention and Control
DHMT	District Health Management Team
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DML	Department of Medical Laboratory Services
DMPA	Depot Medroxyprogesterone Acetate
DOMC	Division of Malaria Control
DON	Department of Nursing
DOP	Department of Pharmacy
DOD	Department of Defense
DRH	Division of Reproductive Health
DVI	Division of Vaccines and Immunization
EMMS	Essential Medicines and Medical Supplies
EPN	Ecumenical Pharmaceutical Network
ESD	Extending Service Delivery (project)
EQA	External Quality Assurance
FBO	Faith Based Organization
FGD	Focused Group Discussion
FP	Family planning
F&Q	Forecasting and Quantification
GMP	Good Manufacturing Practices
GOK	Government of Kenya
GIZ	Deutsche Gesellschaft fur Internationale Zusammernarbeit
HAI	Health Action International
HCSM	Health Commodities and Services Management (Program)
HENNET	Health NGO's Network
HIV	Human immunodeficiency virus
HMT	Hospital Management Team
HSCC	Health Sector Coordinating Committee
ICAP	International Centre for AIDS Care and Treatment Programs
ICC	Inter Agency Coordinating Committee
IEC	Information Education and Communication
ITT	Inventory Tracking Tool
JICC	Joint Interagency Coordinating Committee

KAPM	Kenya Association of Pharmaceutical Manufacturers
KEC	Kenya Ecumenical Conference
KEPH	Kenya Essential Package of Health
KEPSA	Kenya Private Sector Alliance
KEML	Kenya Essential Medicines List
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Agency
KPA	Kenya Pharmaceutical Association
KISM	Kenya Institute of Supplies Management
KMA	Kenya Medical Association
KMTC	Kenya Medical Training College
KNPP	Kenya National Pharmaceutical Policy
KPA	Kenya Pharmaceutical Association
PSK	Pharmaceutical Society of Kenya
LCS	Laboratory Commodity Security (Committee)
LMIS	Logistics Management Information System
LMS	Leadership, Management and Sustainability (program)
MEDS	Mission of Essential Drugs and Supplies
MIS	Management Information Systems
MNCH	Maternal Newborn and Child Health
MOH	Ministries of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health & Sanitation
MSH	Management Sciences for Health
MTC	Medicines and Therapeutics Committee
M&E	Monitoring and Evaluation
NBTS	National Blood Transfusion Services
NGO	Non Governmental Organization
NASCOP	National AIDS & STI Control Program
NMTC	National Medicines and Therapeutics Committee
NPHLS	National Public Health Laboratory Services
NQCL	National Quality Control Laboratory
OJT	On the Job training
PHC	Primary Health Care
PHMT	Provincial Health Management Team
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PPB	Pharmacy and Poisons Board
PQM	Promoting Quality of Medicines (program)
PSC-ICC	Procurement and Supply Chain Interagency Coordinating Committee
PSK	Pharmaceutical Society of Kenya
PV	Pharmacovigilance
QA	Quality assurance
QC	Quality Control
RDT	Rapid diagnostic Test (kits)
RH	Reproductive Health
RTKs	(HIV) Rapid test kits
SDP	Service Delivery Point
SCMS	Supply Chain Management System (project)

SCOC	Supply Chain Oversight Committee
SOP	Standard Operating Procedure
SPS	Strengthening Pharmaceutical Systems program
TB	Tuberculosis
ToR	Terms of reference
TOT	Training of Trainers
TWG	Technical Working Group
UON	University of Nairobi
USAID	U.S Agency for International Development
USG	United States Government
WHO	World Health Organization
WRP	Walter Reed Project

HEALTH COMMODITIES AND SERVICES MANAGEMENT PROGRAM, KENYA
WORK PLAN: APRIL 1, 2011 – SEPTEMBER 30, 2012

Background

U.S. Agency for International Development (USAID) continues to be a key stakeholder and player in delivering health to Kenyans. This is done through close consultation and collaboration with the Ministries of Health. USAID's continued support of the health sector is articulated in the *Five year Implementation Framework for the Health Sector (2010-2011)*[1]. This framework is based on government of Kenya's recent health policy and strategy and the Global Health Initiative.

Kenya's vision for the health sector, articulated in the country's vision 2030 document, is to improve the overall livelihood of Kenyans through an efficient and high-quality health care system based on the best standards. Health sector reviews have highlighted stagnating or downward trends in health indices, especially in maternal, newborn, and child health. Service provision in Kenya is severely constrained by a number of elements including human resources, infrastructure, and availability of essential medicines, diagnostics, and equipment. Generally, there are great inequalities in the availability and utilization of services in Kenya due to these constraints, which have negatively affected many of the country's health indicators. The challenge facing the government is how to reverse this trend.

To address these challenges, the Government of Kenya (GOK) has initiated important health sector reforms with health systems strengthening as a priority jointly with partners. These reforms are described in the National Health Sector Strategic Plan. Key plan objectives include increasing equitable access to health services, improving the quality and responsiveness of services in the sector, improving the efficiency and effectiveness of service delivery, and fostering partnerships to support implementation and delivery of services.

The goal of USAID/ Kenya's Health Commodities and Services Management (HCSM) Program, implemented by MSH, will improve health outcomes and impact through sustainable country-led programs and partnerships. This program is designed to address commodity management, pharmaceutical services and policy, and laboratory systems. Under the proposed program and in line with the USAID/Kenya mission's implementation framework and the Ministries of Health national health strategic plans, MSH/HCSM program will focus on health systems strengthening in the pharmaceutical and laboratory sectors in three technical areas discussed further below.

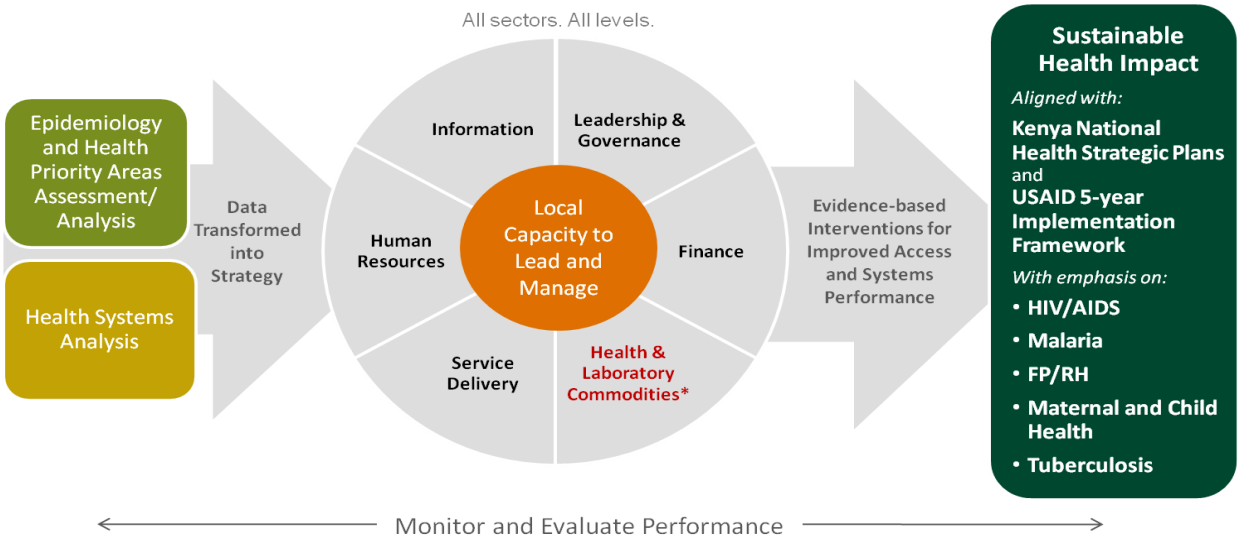
Strategic Approach

MSH has developed a Health System Strengthening Implementation Model, in line with the Kenyan national health strategic plans and USAID 5-year implementation framework to guide the HCSM programs' contribution to health systems strengthening and achieving a sustainable health impact. The health system strengthening model seeks to improve local capacity to lead and manage service delivery and health commodity management through the transformation of data generated from priority health area assessments and health systems options analysis to support evidence based interventions and

[1] USAID/Kenya Five year Implementation Framework for the Health Sector (2010-2015) USAID/Kenya January 2010

strategies for improved access and systems performance. The model is based on the component of the WHO six health systems building blocks.

Health System Strengthening Implementation Model



* Includes medicines, medical products, vaccines, reagents and technologies. It also includes all other laboratory and pharmaceutical systems elements including procurement, logistics, pharmaceutical management and so on.

Based on recent inputs from various stakeholders (largely drawn from MOH national and regional level, USG implementing partners, FBO and Donor health community), lessons learned from the SPS/Kenya program and the baseline assessment (May 2011), specific program elements have been identified that need to be prioritized for support over the next 18 months and beyond.

HCSM will leverage with the Ministries of Health, APHIA*Plus*, other key stakeholders and collaborators to address the country's health priorities using evidenced based interventions for improved access and systems. Examples of collaborators that HCSM program intends to work with are relevant health divisions, departments, programs and committees (DOP, NASCOP, DOMC, DLTLD, DRH), national, regional and facility health management teams, Pharmacy and Poisons Board (PPB), Pharmaceutical Manufacturers, National Quality Control Laboratory (NQCL), Kenya Medical Supplies Agency (KEMSA) and other procurement agencies, professional organizations (Pharmaceutical Society of Kenya, Kenya Medical Association and other organizations), training institutions (University of Nairobi, KMTC) donors and funding agencies (USAID, World Bank, CDC, DANIDA, GIZ), USG partners (CDC,DOD, APHIA*Plus*), international and local technical assistance agencies (WHO, Capacity Project, PQM), NGOs, FBO and CBO networks (MEDS, HENNET, CHAK, KEC, HAI), Private sector and Pharmaceutical Industry (KEPSA, KAPM).

Also HCSM will take advantage of the opportunity to work with other MSH programs in Kenya that work in other health system strengthening areas such as the U.S. Centers for Disease Control and Prevention/MSH (CDC/MSH) project, Supply Chain Management System (SCMS) project, the Leadership, Management and Sustainability (LMS) Program, and Extending Service Delivery [ESD]).

Core Guiding Principles:

Under this workplan, MSH/HCSM will continue to build on existing systems using the following core principles and approaches:-

- Promote country led and country owned initiatives.
- Build local capacity for improved pharmaceuticals and laboratory management and use of innovative approaches.
- Adapt and implement proven pharmaceutical and laboratory management tools and approaches and bring them to scale.
- Promote integration of approaches and tools for pharmaceutical and laboratory sub-sectors across public health programs.
- Engage the private sector and professional bodies to strengthen both pharmaceutical and laboratory management systems in support of public health goals.
- Promote new concepts in pharmaceutical management and services (such as pharmaceutical care and pharmacovigilance) and laboratory management and services (e.g. integrated laboratory networking and local QA) to complement commodity security and supply chain strengthening activities.
- Facilitate adoption of new health technologies and innovative strategies to support scale up and expansion of treatment services.
- Build on existing and new collaboration and linkages with stakeholders, donors, and implementing partners to scale up interventions; develop strategic partnerships that promote harmonization of technical strategies and coordination of donor inputs.
- Use the combined expertise of Management Sciences for Health (MSH) projects in Kenya to build synergies and obtain a holistic approach to interventions.
- Health sector wide systems strengthening for commodity management and services to include both FBO and private sector.

MSH/ HCSM program will focus on health systems strengthening at the peripheral level. These activities will be anchored to those conducted at the national level. This will ensure buy-in, alignment to the national policies and strategies, and sustainability.

Recognizing that Kenya has about 260 districts, in the first 18 months HCSM plans to work intensively in 50 districts (almost 20%), and extend to at least 80% of districts by the end of the Program in 2016. In subsequent years HCSM will capacitate selected districts systematically; 42% (September 2013), 70% (September 2014), and finally 81% (March 2016).

HCSM aims to strengthen health commodity and related service management practices from the health administrative units through to the district store and health facilities in each district. This strategy also seeks to strengthen implementation of the MOH decentralization initiative.

Illustrative activities at these districts include but are not limited to:

1. PHMT and DHMT level - strengthening commodity security and oversight functions; capacity for integrated supportive supervision; generation of evidence based data for decision making;
2. District Stores:- Installation of inventory management systems; strategic information development for intra-district commodity distribution; re-supply decisions; TA to strengthen commodity management practices

3. Kenya Essential Package of Health (KEPH) Level 5 and 4 facilities (for example, Coast Provincial General Hospital and Bungoma District Hospital) - strengthening of medicines and therapeutic committees (MTCs); commodity use data for decision making; information management systems; pharmacovigilance activities; building capacity for mentorship; good commodity management practices.
4. Health Centers and Dispensaries (KEPH Level 3 and 2 facilities) - good commodity management practices; improved data management; pharmacovigilance activities; building capacity for mentorship. use of data for decision making

The criteria for selecting the initial 50 districts will include:

1. The disease burden and/or level of commodity management functions, e.g. usage reporting rates
2. Priority MOH Districts such as those under the hospital reform program e.g. Machakos District Hospital and Kakamega Provincial General Hospital; and districts for institutionalizing MTCs and Malaria RDTs
3. Partner supported districts. This criterion seeks to take advantage of multi-partner support for integrated service delivery and systems strengthening. In so doing, successes from collaborative work can be demonstrated clearly.

Technical Area 1: Ministry of Medical Services (MOMS)/Ministry of Public Health and Sanitation (MOPHS) and Health Facilities Commodity Management Support

The baseline survey conducted by HCSM in May 2011 in over 110 facilities countrywide, and designed to show country representativeness, revealed weaknesses in commodity management at facility and regional levels of the health system.
For example, we found that only 14.1% of facilities had ALL the commodities from a selected list of essential tracer medicines and only 8.8% facilities had ALL non-pharmaceutical commodities in stock on the day of the survey. Tracer medicines are basic commodities used to treat patients for basic conditions of high incidence and economic importance and their availability at all times is considered essential for basic health care provision.

For HIV, Malaria, TB and FP products, although over 80% of facilities had key commodities available on the survey day, 25% of facilities had experienced a stock out of at least one anti-malarial pack size, 5% for AZT/ 3TC/ NVP fixed dose combination, 26% for Depot Medroxyprogesterone Acetate (DMPA), and 23% for TB patient packs, for more than seven days in the previous three months.

The activities in this technical area will include providing technical assistance to peripheral and central levels in strengthening commodity management systems.

Central level activities are designed to support and facilitate commodity management strengthening at peripheral level at both public and private sectors. HCSM will work with the Ministries of Health, other implementing partners, the private sector, and training institutions to strengthen technical approaches and leadership for effective coordination and harmonization of efforts to ensure commodity security.

At the peripheral level, MSH/HCSM efforts will involve working with various stakeholders to improve regional level coordination, health workers capacity to effectively manage and account for health commodities as well as generating and utilizing reliable commodity data for decision making.

Previously, inadequate reporting rates were augmented with short term proactive interventions such as direct telephone calls to health facility staff by central level teams. Passive reporting by facilities has been low especially for commodities used in family planning and TB programs. Prospectively, HCSM aims to strengthen peripheral systems and health worker capacities to ensure higher rates of passive and routine submission of reports for sustainability.

Overall expected outcomes:

- Improved reporting rates on commodity usage from major ordering points to central level: ART from 84% to 90%; Malaria from 62 to 70%; TB 49% to 70%; from service delivery points to central level: FP from 54% to 70%, HIV Rapid test kits (RTKs) from 50% to 70% by September 2012[2]
- Improved record keeping at health facilities e.g. for all anti-malarial (Artemether-Lumefantrine) packs from 60% to 70% of health facilities having accurate inventory stock records (as evidenced by correlation between physical count and inventory records) and TB patient packs from 52% to 65%.
- Reduction in proportion of facilities reporting stock outs (e.g. DMPA from 26% to 20%; Artemether-Lumefantrine (AL) from 25% to 15%; TB patient packs from 23% to 15%).)

Technical Area 2: Support to Pharmaceutical Policy and Service Delivery

Results from our recent baseline survey collaborated very well with previous assessments highlighting weaknesses in the pharmaceutical services sub-system. These results from client exit interviews with 1,984 out-patients from all the 110 sampled facilities on the survey day exposed significant gaps in the way medicines are dispensed to patients. Overall, only 1.1% of patients had sufficient dosing instructions[3] labeled on the medicine pack. Further, results from all health facilities surveyed showed that although 94% of medicines were prescribed from the essential medicine list, 82% were actually dispensed. For malaria treatment, only 22% of patients were treated as per the treatment guidelines, even where all the medicines and diagnostics were available.[4] Non adherence to treatment guidelines negatively impacts commodity forecasting and quantification figures for priority diseases and may lead to development of resistance to proven remedies.

This technical area will focus on interventions to improve systems that deliver quality pharmaceutical services in public, private, and faith-based sectors.

At national level, this will involve strengthening governance and adherence to related policies; whereas, at facility level the focus will be on improving appropriate use of medicines. One of the key strategies will be to strengthen pharmaceutical management information systems to support service delivery and evidence-based decision making.

[2] Sources: ART (March 2011 national ARV stock status report); TB, FP and Malaria (March 2011 data from KEMSA/LMU)
[3] Sufficient instructions constitute: Name of medicine, name of patient, duration of treatment, and dosing instructions.
[4] Malaria Quality of Care Survey November 2010

Overall Expected Outcomes*:*

- Strengthened pharmaceutical sector governance with the availability of an approved Kenya National Pharmaceutical Policy (KNPP) and implementation plan to guide delivery of pharmaceutical services
- Improved Pharmaceutical services as evidenced by increase in the availability of Standard Treatment Guidelines (STGs) and Essential Medicines Lists (EML) from 47% to 70%; and increase in percent tracer conditions treated according to recommended treatment guidelines from 6.9 % to 15% for diarrhea and 22% to 40% for malaria, by September 2012
- Strengthened medicines quality assurance and pharmacovigilance (PV) systems:-
  By September 2012, the percent of health facilities reporting on adverse drug reactions will increase from 7.5% to 15%, however for the HCSM's 50 selected districts, the target will be 30%.
  Similarly, those facilities tracking poor quality medicinal products will increase from 7.5% to 9%, however for the HCSM 50 priority districts, the target will be 30%. PPB will disseminate periodic newsletters with information and actions taken as a result of the PV reports.
- Improved pharmaceutical information acquisition and management.

HCSM anticipates that the roll out of the pharmaceutical charter to selected facilities will contribute to improved dispensing practices with patients receiving proper dosing instructions within the first 18 months.

Technical Area 3: Support to Laboratory Commodity Security

Lab services have been viewed as a weak but very important link in the health systems. MSH/HCSM will work closely with relevant stakeholders to strengthen lab services with a focus towards lab commodity management and supply chain. Also HCSM will work collaboratively with CDC/MSH Lab Support Program and the national Lab sub-sector heads and other stakeholders to strengthen laboratory sector leadership and governance. This will ensure increased oversight and increased access for quality service delivery

Results of the HCSM baseline survey provided a snapshot of areas that require strengthening.
From the patient exit interviews, out of the 1,984 patients interviewed, 27% were sent for laboratory tests in the facilities. Of these, 20% were not tested in their respective facilities, mainly due to unavailability of the test on the day of the survey.
On availability of HIV test kits, the results of the baseline survey are summarized in the table below:

	% of facilities with stock available on survey day (n = 94)	% of facilities having a 7-day stock-out in the past 3 months (n = 94)
Rapid test Kit Determine	92.7	11.7
Rapid test Kit Bioline	92.7	9.6
Rapid test Kit Unigold	64.2	38.4

Though the availability of HIV rapid test kits (Determine, Bioline) was relatively high on the day of the survey, stock-out levels over the previous three months were relatively high for all the three test kits.

Additionally, the baseline survey showed that approximately 50-60% of facilities had adequate records to support verification of stock out duration for a range of selected laboratory commodities in the previous three months. Poor record keeping not only impairs the ability of the facility to conduct proper quantification, and hence reduce stock outs, but also allows losses/expiries to occur without an audit trail and hence go unnoticed.

Under this work plan HCSM will focus on strengthening the peripheral level laboratory systems to increase availability and accountability for commodities. At the national level, effort will be put to strengthen leadership, oversight and approaches in support of peripheral level access and supply chain systems. At regional level, HCSM intends to collaborate with SCMS, CDC/MSH Lab Support program, regional partners and other relevant stakeholders to strengthen commodity management and access to quality laboratory services. At facility level, HCSM will work to strengthen laboratory commodity information systems to generate reliable commodity data for decision making, and capacity building for health workers to effectively manage and account for laboratory commodities.

HCSM will also work towards implementing the new rapid diagnostic test (RDT) guidelines in 400 selected facilities in 37 districts of varied malaria epidemiological zones, as targeted by the national Malaria program. This is expected to contribute to improved coverage of rapid malaria diagnostics from the current 45%[5] country average in public facilities to 50% in the 37 districts within the first eighteen months, primarily due to the limited initial rollout of RDTs during this period. This, alongside other interventions, will contribute to improved use of anti-malarials, with an anticipated reduction of malaria test negatives being treated with anti-malarials from the current 40%[6]. Lessons learnt will inform scale-up of RDTs to other districts in the country.

We expect to achieve the following outcomes—

- An efficient and effective laboratory supply chain with an improved coverage of rapid malaria diagnostics from the current 45% country average in public facilities to 50% in the 37 districts, by September 2012
- Improved reporting rates of key laboratory commodities such as HIV test kits from 50% to 70% and malaria RDT from 0% to 45%, by September 2012
- Improved coordination of implementing partners at the regional level as evidenced by functional laboratory commodity security subcommittees at regional level.

[5] Data from the Kenya Services Provision Assessment (KSPA) report 2011

[6] Malaria Quality of Care Survey Report March 2011

HCSM PLANNED ACTIVITIES

1. Technical activity coordination and monitoring

This activity includes technical activity coordination, work plan development, and implementation monitoring, routine M&E activities, budget and progress monitoring, reporting, meetings, and communications with USAID/Kenya and collaborators.

TECHNICAL AREA 1:
MINISTRY OF MEDICAL SERVICES (MOMS)/MINISTRY OF PUBLIC HEALTH AND SANITATION (MOPHS) AND HEALTH FACILITIES COMMODITY MANAGEMENT SUPPORT

2. Technical support to peripheral health care facilities to be able to account for and manage their own commodities effectively

Peripheral level strengthening efforts will involve working with the MoMS/MoPHS officers at regional levels, health facilities as well as various stakeholders and implementing partners in the public and private sectors to improve capacity to account for and manage commodities effectively.

Overall expected outcomes:
Improved reporting rates on commodity usage from major ordering points to central level:
ART from 84% to 90%; Malaria from 62 to 70%; TB 49% to 70%; from service delivery points to central level: FP from 54% to 70% by September 2012

MSH/HCSM will work with Health Management Teams (HMTs), FBO sector, APHIA*Plus* and other stakeholders undertake to the following:

Activity 1: Develop and implement a coordinating mechanism for health commodity security at regional levels in collaboration with regional health management teams

a) Jointly with regional management teams (PHMTs/ County HMTs) and other key stakeholders constitute eight (8) regional health commodities management committees and 50 district health commodities management committees with appropriate TORs by end September 2012
b) Advocate and provide support for inclusion of FBO sector in regional health commodity management coordinating forums by end September 2012.
c) Adapt and roll out commodity management trainings, SOPs, job aids and tools, and mentor focal persons in the FBO sector (KEC, CHAK, EPN, MEDS) by Sept 2012

Expected results: Functional regional commodity security committees in all 8 provinces; Faith based and private organizations represented at regional health commodity management forums; Commodity Management materials adapted for use in faith-based sectors

Activity 2: Strengthen commodity use information management for decision making at regional level in 8 regions to improve commodity usage reporting and feedback

MSH/HCSM will work with peripheral health management teams (PHMTs, DHMTs/ County HMTs), FBOs and other partners to organize and support quarterly review meetings held by the regional MoH teams and partners in order to strengthen commodity usage reporting and feedback with a focus on malaria, HIV/AIDS, TB, FP and essential medicines. HCSM will also seek the incorporation FBOs in regional commodity management and commodity usage reporting trainings and stakeholder forums.

Specifically MSH/HCSM will work jointly with APHIA *Plus* to:

a) Develop/review and avail manual and/or electronic LMIS tools as appropriate to health facilities and 50 district stores by end June 2012
b) Build capacity in data collection and analysis of at least 3 district level staff in each of the 50 districts to enable quarterly data collection, review and feedback meetings. These district level staff will work with APHIA *Plus* to capacitate district healthcare workers by Sept 2012.

Expected results: Regional commodity management teams who are capacitated to implement manual and electronic LMIS tools to support acquisition of commodity data for decision-making; Quarterly review meetings held by the regional commodity management teams to strengthen commodity usage reporting and feedback.

Activity 3: Review and disseminate a comprehensive package for integrated supportive supervision for commodity management at regional level.

Under this activity, MSH/HCSM in collaboration with MOMS/MOPHS and APHIA *Plus* will:

a) Review and finalize a comprehensive package for integrated supportive supervision for commodity management by March 2012

b) Mentor regional health management teams (PHMTs/ County HMTs, DHMTs) in 8 regions and 50 districts to undertake quarterly integrated health commodities support supervision missions from April 2012 using the integrated supportive supervision package.

Expected results: Integrated health commodities support supervision at health facilities conducted by the regional health management teams (PHMTs and DHMTs/County HMTs); Comprehensive package for Integrated Supportive Supervision for commodity management developed; Strengthened technical capacity of MOMS/MOPHS and priority programs officers at regional level to identify and address gaps in facility health commodity management.

3. Technical support to MOMS/MOPHS to strengthen health systems for supply chain management and commodity security

To adequately support supply chain and commodity management systems at peripheral levels, HCSM will work to strengthen MoMS/MoPHS technical leadership and stewardship.

Overall expected outcomes: Improved record keeping at health facilities e.g. for all anti-malarial (Artemether-Lumefantrine) packs from 60% to 70% of health facilities having accurate inventory stock records (as evidenced by correlation between physical count and inventory records) and TB patient packs from 52% to 65%; Reduction in proportion of facilities reporting stock outs (e.g. DMPA

from 26% to 20%; Artemether-Lumefantrine (AL) from 25% to 15%; TB patient packs from 23% to 15%).

Typical activities will include the following:-

Activity 4: Provide technical leadership for commodity security and supply chain oversight at national levels

MSH/HCSM will actively participate in all key health commodity related TWGs and committees, and ICCs on quarterly basis to advocate for strengthened national commodity supply chain systems
Typical sub-activities will include:

a) Provide technical leadership for review of TORs and membership of health commodity-related TWGs, committees and ICCs to ensure they address supply chain and commodity security elements by Dec 2011
b) Provide technical leadership for review, finalization and implementation of supply chain audit toolkit and support the SCOC in supply chain audits in four Level 5 facilities by Sept 2012
c) Develop and implement stock status summary reporting package for central and regional level by June 2012. This will build on already established process for routine generation of the monthly national stock status reports for ARVs, FP, malaria and HIV laboratory commodities.
d) Review the central level tracer lists for health commodities to create an integrated Tracer list, for commodity security oversight activities by March 2012

Expected results: Monthly stock status reports generated by MOMS/MOPHS at central level for priority programs including malaria, ART, FP, TB and also at regional level; Functional commodity security committees at central level; MoMS / MoPHS supported to formulate and implement commodity security policies; Functional SCOC overseeing supply chain audits conducted in selected health facilities.

Activity 5: Develop/review guidelines and tools, and implement capacity building strategies for health commodity forecasting and quantification (national and regional level)

MSH/HCSM will support capacity building for health commodity forecasting and quantification, procurement planning and pipeline monitoring at the national level.
Typical sub-activities will include:

a) Develop/review training packages, SOPs, Job Aids and strategies for national and facility level on integrated health commodity forecasting and quantification, procurement planning and pipeline monitoring guidelines targeting key officers in priority MoH programs (DOMC, NASCOP, DRH, DLTLD), DOP, DVI and Department of Nursing (DON) by March 2012
b) Mentor 12 senior health workers at national level on forecasting and quantification, procurement planning and pipeline monitoring through on-job-training (OJT) activities by September 2012

Expected results: Annual forecasting and quantification undertaken and procurement plan schedules developed; integrated commodity forecasting and quantification, procurement planning and pipeline monitoring guidelines, SOPs and job aids developed and disseminated.

Activity 6: Develop/review and disseminate curricula and training materials to improve commodity management

In line with the program's sustainability strategy, HCSM will seek to build in-country capacity for leadership and management of health commodities by working jointly with MOMS/MOPHS, Training TA partner, MSH/LMS and stakeholders to:-

a) Develop integrated pre-service commodity management curricula for tertiary training institutions (universities and medical training colleges) by Sept 2012
b) Implement in-service curricula on commodity management for facility level in collaboration with at least two tertiary training institutions such as KMTC, Kenya Institute of Supply Management (KISM), Strathmore University, and the Training TA partner, by Sept 2012
c) Jointly with APHIA Plus and other stakeholders, undertake regional Training of Trainers to capacitate 40 trainers in health commodity management by June 2012
d) Jointly with DANIDA, APHIA Plus and other stakeholders, undertake 2 regional TOTs to capacitate 60 trainers nationally in "*pull*" system by Sept 2012
e) Develop/review a package for commodity management at community level (CHWs) by Sept 2012.

Expected results: Facility staff and regional commodity management teams supported to implement capacity building approaches in commodity management, 60 trainers capacitated to implement the 'pull system' nationally.

Activity 7: Review the MoH health commodity electronic MIS requirements at central and peripheral levels, identify gaps, design and implement interventions

Currently there are about 190 sites using ARV Dispensing Tool (ADT) that integrates patient and commodity data. Building on this, HCSM will enhance the capabilities of ADT and/or introduce tools to accommodate additional health commodities and leverage technologies such as *mHealth* to support timely transmission of reports. Under this activity, MSH/HCSM will work jointly with MOMS/MOPHS, partners and stakeholders to:

a) Review the ADT and scale up the user sites from the current almost 190 sites to 350 service delivery points, by September 2012
b) Review the Inventory Tracking tool (ITT) and support its use in 50 districts, including district stores, by September 2012
c) Adapt the existing MIS tools to incorporate new functionalities and technologies, and enhance integrated reporting e.g. by use of web-based and mobile data transmission technologies. This will be piloted in 5 districts by September 2012. The selection of the districts will be done in consultation with key stakeholders.
d) Provide technical leadership in planning and mapping of MIS systems for managing health commodities in public and FBO health facilities by December 2011
e) Build capacity of health workers in the 50 select districts for the implementation of the electronic tools, by July 2012

f) Engage local and regional implementing partners and other stakeholders to provide on-site support and maintenance for electronics tool by Sept 2012

Expected results: Functional health commodity electronic tools implemented at 350 facilities and 50 district stores; MOMS/MOPHS and priority programs supported to assess their health commodity Management Information System (MIS) requirements, and develop and implement interventions to commodity data management; MOH commodity MIS mapping report and implementation plan.

Activity 8: Provide technical guidance to undertaking bi-annual end use verification surveys on health commodity management issues

Under this activity, MSH/HCSM will work jointly with the DOMC and partners to undertake bi-annual end-use verification surveys monitoring the availability of key anti-malarials and other health commodities at the facility level. In 2010, this was carried out as part of the larger malaria quality of care surveys with part funding from The Global Fund and PMI, through MSH. In addition to these bi-annual end use verification surveys, MSH/HCSM will continue following up the randomly sampled facilities by phone on a monthly basis to determine the stock status on a regular basis.

Expected results: Availability of key anti-malarials, rational use of anti-malarials and overall malaria case management quality of care determined and progress monitored over time.

4. Technical support to the national procurement and supply chain Inter-Agency Coordinating Committee (PSC-ICC) for effective coordination and harmonization of GoK and development partners' activity

Overall expected outcomes:
Reduction in proportion of facilities reporting stock outs (e.g. DMPA from 26% to 20%; AL from 25% to 20%; TB from 23% to 15%)

Activity 9: Provide Technical leadership for review of TORs and development of work plan for the PSC-ICC

MSH/HCSM will work with MOMS/MOPHS to support the PSC-ICC for strong and effective leadership, coordination of key related TWGs and committees as well as harmonization of Government and donor activities related to procurement and supply chain management.

Sub activities towards reactivation of the PSC-ICC will include:-

a) Provide technical leadership for review of TORs and membership; identify TWGs and development of work plan for an expanded PSC-ICC for overall health commodity oversight, by June 2012

b) Provide technical leadership and support to quarterly meetings of the expanded PSC-ICC by June 2012.

Expected results: A functional PSC-ICC that provides strong and effective leadership, coordination and harmonization of GoK and donor activities related to commodity management.

TECHNICAL AREA 2: STRENGTHENED PHARMACEUTICAL POLICY AND SERVICE DELIVERY

5. Technical support for improved pharmaceutical services

Overall expected outcomes: Improved Pharmaceutical services as evidenced by increase in the availability of Standard Treatment Guidelines (STGs) and Essential Medicines Lists (EML) from 47% to 70% and increase in % tracer conditions treated according to recommended treatment guidelines from 6.9 % to 15% for diarrhea and 22% to 40% for malaria.

Activity 10: Technical support to establish functional hospital Medicines and Therapeutics Committees (MTCs) in level 4-6 hospitals across all sectors

MSH/HCSM will provide technical and operational support to institutionalize MTCs in 30 level 4-6 hospitals and build their capacity to conduct operational research, in line with the MoH priorities. MTCs are facility level committees made of prescribers, dispensers as well as procurement, laboratory and finance personnel with the responsibility of ensuring that facility practices follow recommended prescribing, dispensing and procurement policies and guidelines. Strengthening MTCs is an effective way of ensuring sustainable rational use of essential commodities in the health system.

KEPH level 4-6 hospital activities provide a top of the pyramid influence on the overall health system adherence to national prescribing, dispensing and procurement policies

Targeted facilities will be drawn from the public and FBO sectors

This will be through the following:

a) Revision and finalization of MTC guidelines and training materials by March 2012
b) Capacity building of institutional MTCs by June 2012
c) Follow-up and support of institutional MTCs by September 2012
d) Support to identification of problems in service delivery and, design facility-based interventions by September 2012

Expected results: Functional hospital MTCs in existence in 30 level 4-6 hospitals across all sectors

Activity 11: Support CPD development and implementation plan targeting all sectors in the areas of commodity management and appropriate medicines use

MSH/HCSM will work collaboratively with other key stakeholders to develop and implement CPD guidelines and implementation plans.
Implementation will involve development of needs- based Continuous Professional Development materials and scale-up of trainings previously conducted in partnership with professional associations such as Pharmaceutical Society of Kenya (PSK) and Kenya Pharmaceutical Association (KPA) at all regional levels. These trainings will be in the areas of commodity management and appropriate medicines use in support HIV, Malaria, TB and FP programs.

Expected results: CPD training material developed and 7 targeted regional CPD sessions to 350 private/community based practitioners conducted

Activity 12: Technical support to finalization, and dissemination of pharmaceutical services operations manual, charter, standard operating procedures and; launching of the DOP website to help disseminate pharmaceutical policies and guidelines.

MSH/HCSM will provide technical assistance for the finalization and dissemination of pharmaceutical services operational manual, charter and standard operating procedures to support quality improvement and service delivery at all levels of the health system.

In addition, MSH/HCSM will provide technical assistance for finalization and launching of the DOP website. MSH/HCSM will also support capacity building of the department's staff on website maintenance and content management. This will ensure that maintenance and update of the website is done in-house.

Expected results: Pharmaceutical services operational manual, SOPs, service charter and handbook finalized and disseminated to all level 4-6 facilities, DOP website launched and updated with current policies and guidelines

Activity 13: Support finalization and integration of pharmaceutical care and management topics in pre-service training curricula for tertiary level training institutions.

MSH/HCSM will work with at least 2 training institutions such as KMTC and School of Pharmacy to review and update their pre-service curricula. This will ensure that pharmaceutical care and management topics that capture global trends, best practices and emerging issues are incorporated.

Expected results: Pre-service curricula updated and pharmaceutical care and management topics developed.

6. Technical and operational support for strengthened medicines quality assurance and Pharmacovigilance

MSH/HCSM program will continue to strengthen medicine quality assurance and pharmacovigilance systems in collaboration with all the stakeholders while ensuring that unique needs of programs such as Malaria, HIV/AIDS and FP/RH are addressed.

Key activities will include: supporting governance related activities such as the development of regulations, standards and guidelines that impact medicine quality assurance, and implementation of active surveillance to augment passive reporting.

Overall expected outcomes: By September 2012 the percent of health facilities reporting on adverse drug reactions will increase from 7.5% to 15%, however for the HCSM 50 priority districts, the target will be 30%. Similarly those reporting on poor quality of medicinal products will increase from 7.5% to 9% however for the HCSM 50 priority districts, the target will be 30%. PPB will disseminate periodic newsletters with information and actions taken as a result of the PV reports.

Activity 14: Technical and operational support in sensitization of health care workers in all sectors on pharmacovigilance, with a focus on priority programs HIV/AIDS, TB, and Malaria.

MSH/HCSM will continue to provide ongoing technical and operational support in sensitizing health care workers in all sectors (public, private, FBO) on pharmacovigilance using the revised national training curricula, job aids and manuals. Trained health care workers and their organizations will be followed up and provided with technical support for the implementation of their action plans. This will be done in collaboration with MOH, PPB, WHO and other stakeholders.

Expected results: 50 focal champions (one from each of the 50 districts) equipped with pharmacovigilance knowledge, skills and tools; PV materials disseminated to selected health facilities per province

Activity 15: Technical and operational support to PPB for post marketing surveillance surveys/activities in collaboration with PPB, NASCOP, DOMC, DLTLD, other programs and stakeholders.

MSH/HCSM will provide technical assistance to MOH, NQCL, PPB and priority programs to institutionalize post-marketing surveillance. This will involve building capacity for:

a) analysis and report writing of post marketing surveillance surveys by March 2012
b) the dissemination of post-marketing surveillance surveys/activities reports for TB and HIV medicines by September 2012

Expected Results: Institutionalization of post marketing surveillance for strengthened medicines quality assurance and pharmacovigilance, two (2) post market surveillance survey reports disseminated

Activity 16: Technical and operational support to PPB for strengthening pharmacovigilance at consumer level.

MSH/HCSM will support MOH, PPB and priority programs to expand the scope of the PV system to include consumer reporting. This will involve increasing awareness on the consumer reporting system as well as development and provision of required tools and IEC materials.

Expected results: Consumer reporting tools and IEC materials developed; Consumer reporting pharmacovigilance system established in 3 facilities to inform scale-up and improve awareness and participation of the community in strengthening medicine safety and quality**.**

Activity 17: Support to PPB to review, print and disseminate national pharmacovigilance training curriculum, jobs aids, manuals and reporting tools.

MSH/HCSM will work collaboratively with other key stakeholders to support PPB to print and disseminate reporting tools, as well as the implementation of an electronic system to boost reporting. In addition, MSH/HCSM will assist PPB to provide feedback to health care workers and consumers on pharmacovigilance reports through various mechanisms.

Expected results: Revised PV national training curriculum, job aids and manuals; 500 seed copies of each PV material printed and PV reporting tools printed and disseminated to 1,000 health facilities; and an electronic system to boost reporting implemented.

Activity 18: Technical and operational support for PV data acquisition and information management for decision-making

MSH/HCSM will continue to provide on-going support in pharmacovigilance data acquisition from health facilities through national courier services for submission of reports. In addition, the program will build capacity at PPB for data collation, analysis, dissemination and use of information for decision-making

Expected results: 20 PPB and MOH staff equipped in pharmacovigilance data management and use; including pharmacovigilance information sharing, feedback and communication for decision making.

Activity 19: Technical support to PPB for establishment of ADR active sentinel sites in collaboration with priority programs and other stakeholders.

MSH/HCSM will provide support to MOH, PPB, NASCOP, DOMC and DLTLD to implement active surveillance by establishing sentinel surveillance sites. Specifically, MSH/HCSM will provide technical assistance in the development of active surveillance protocols.

Expected results: Active sentinel surveillance protocols developed; 12 active sentinel surveillance sites strengthened to detect and report ADRs

7. Technical and operational support for improved pharmaceutical sub-sector governance

Overall Expected Outcomes: Availability of an approved KNPP and implementation plan to guide delivery of pharmaceutical services

Activity 20: Technical support to the review /dissemination of national clinical and referral guidelines, KEML and program specific treatment guidelines across all sectors.

MSH/ HCSM will provide technical assistance in the regional dissemination of National clinical and referral guidelines and KEML; and in the review of other related guidelines (e.g. National ART Guidelines) at the national level.

In addition, MSH/ HCSM will collaborate with APHIA Plus and other regional partners to disseminate, implement and monitor use of these national and program specific guidelines to 1000 health facilities across all regions.

Expected results: Standard treatment guidelines and KEML reviewed / disseminated to 1000 facilities

Activity 21: Technical and operational support to dissemination of Appropriate Medicines Use (AMU) guidelines and training materials.

In order to strengthen the quality of pharmaceutical services, MOH/DOP has developed the Appropriate Medicines Use (AMU) framework. The main aim is to strengthen strategies for improving rational prescribing and dispensing in the health facilities.

MSH/HCSM will support MOH/DOP and the national NMTC operationalize the AMU framework in collaboration with DANIDA, WHO and other stakeholders. This will involve strengthening support structures and systems for AMU, dissemination of AMU guidelines to 500 health facilities and, institutional and personal capacity building at central and peripheral levels across all sectors.

Expected results: AMU guidelines and training materials disseminated to 500 health facilities

Activity 22: Technical and operational support to development of a comprehensive KNPP implementation plan.

MSH/HCSM in collaboration with WHO, DANIDA and key stakeholders in the pharmaceutical sector will support MOH/DOP advocate for the endorsement and adoption of the KNPP 2010. Thereafter, MSH/HCSM will assist MOH/DOP to develop and finalize a comprehensive implementation plan for the KNPP and provide technical assistance for monitoring of the implementation through development of an appropriate M&E plan.

In addition, MSH/HCSM will support institutional capacity of Pharmaceutical Society of Kenya (PSK) and Kenya Pharmaceutical Association (KPA) in the revision of strategic plans and development of implementation plans.

Expected results: KNPP officially endorsed and adopted, KNPP implementation and M&E plans developed; PSK and KPA strategic plan revised and implementation plans developed.

Activity 23: Technical and operational support to the National Medicine and Therapeutics Committee (NMTC)

MSH/HCSM will work collaboratively with MOH/DOP to reactivate and strengthen the NMTC capacity to provide leadership for clinical governance, oversight for operationalization of the Appropriate Medicine Use (AMU) framework and support for institutional MTCs. MSH/HCSM will also provide technical assistance for the:

a) review of TORs and membership of the NMTC
b) development of NMTC implementation plan
c) development of NMTC secretariat blueprint

Expected results: Strengthened oversight by the NMTC for clinical governance

Activity 24: Capacity building on pharmaceutical governance for PPB, NQCL, DOP and senior program managers

MSH/HCSM will build the capacity for 20 PPB, NQCL, DOP and senior program staff on the tenets of pharmaceutical governance. This will involve revision of pharmaceutical governance tools and SOPs in these institutions.

Expected results: Pharmaceutical governance manuals and SOPs in place

TECHNICAL AREA 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY

8. Technical support for an efficient and effective laboratory supply chain

MSH/HCSM will work with other stakeholders to build the capacity of health workers to effectively manage laboratory commodities. This will be done through various interventions e.g. mentorship and On Job Training, provision of various lab commodity management tools and job aids, and supporting the monitoring and auditing of facility supply chain. Efforts will be directed at developing a cascade model in collaboration with other partners (e.g. APHIA*Plus*, the Training TA partner) to undertake TOTs, mentorship, development of tools and approaches to improve management of laboratory commodities. HCSM will also work collaboratively with CDC/MSH Lab Support Program and the national Lab sub-sector heads and other stakeholders to strengthen laboratory sector leadership and governance.

Overall expected outcome; Improved coverage of malaria diagnostics from the current 45% national average in public facilities to 50%. (within the first eighteen months, primarily due to the limited initial rollout of RDTs during this period); Improved reporting rates of key commodities such as HIV test kits from 50% to 70% and malaria RDTs from 0% to 45%; improved coordination of implementing partners at the regional level on laboratory commodity supply chain as evidenced by functional laboratory commodity security subcommittees at regional level.

Specifically, MSH/HCSM will undertake the following:

Activity 25: Establish and build capacity of regional Laboratory Commodity Security Technical Working Groups

At the regional level, MSH/HCSM will:

a) Work with the regional management teams (PHMT, County HMTs) and other stakeholders to strengthen oversight of laboratory commodities through the formation of regional Laboratory Commodity Security Technical Working Groups (LCS TWG) by December 2011
b) Work with regional health management teams (PHMT, DHMTs, and County HMTs) and regional partners to provide facilities with tools for data collection and reporting by January 2012
c) Build the capacity of regional LCS TWG for laboratory commodity management activities. This will include support to generate routine commodity status summary reports and identification of gaps and prioritization of interventions for laboratory commodity system strengthening by June 2012
d) Build capacity of 200 regional lab personnel from 50 selected districts (to be selected in consultation with the regional health managers) through provision of quantification and pipeline monitoring tools and skills transfer, On Job Training (OJT), mentorship, strengthening of leadership and management capabilities of laboratory personnel by September 2012

Expected Results: Improved laboratory commodity reporting rates for HIV test kits from 50% to 70% and 0% to 45% for malaria RDTs.

Activity 26: Strengthen the laboratory system to improve laboratory commodity information management at regional and health facility level

Laboratory commodity information systems have been identified as critical areas that hinder access to laboratory commodities and services. Currently, the facility commodity reporting rates stand at 50% for HIV test kits, whereas there is no reporting system rolled out for Malaria RDTs.

HCSM will work with regional management teams (PHMT, County HMTs), APHIA*Plus* and other implementing partners to determine health facilities needs and provide the following support as appropriate:

a) Provide tools for data collection and reporting for essential laboratory commodities. MSH/HCSM will leverage with other regional partners in ensuring their constant availability at health facilities by January 2012
b) Build capacity of facility staff to use laboratory commodity information for decision making by May 2012
c) Support systems for transmission of information generated at the facility levels to the regional and national levels for decision making and commodity resupply by Sept 2012
d) Capacitate the PHMT to undertake data quality audits at health facilities by May 2012.

Expected results: Increased availability of tools at health facilities; improved laboratory commodity reporting rates; one annual data quality audit undertaken per region on laboratory commodity information.

Activity 27: Support the implementation of the new RDT guidelines for malaria diagnosis

MSH/HCSM will support the DOMC and partners in implementing the new RDT guidelines in selected districts from different malaria epidemiological zones.

Focus will include the following:

a) Support DOMC in the review of the RDT training curriculum by September 2011
b) Support supervision and on the job training for RDTs and other laboratory commodities in the priority districts by December 2011
c) Build capacity of 800 front line health workers in 37 districts on use of RDTs which includes conducting the test, reading and using the results by September 2012
d) Support the review and finalization of the RDT reporting tools and integration of RDT usage reporting in the existing systems, e.g. the LMIS, by September 2012
e) Support development of job aids and SOPs for establishment of QA/QC system for RDTs at facility level by September 2012
f) Collect data on RDT use, to enable the DOMC and partners learn lessons to inform planned roll-out of malaria RDTs. This involves obtaining quantitative data from the Quality of Care survey and LMIS, and qualitative data from focus group discussions and key informant interviews with relevant health workers by June 2012.

Expected results: Revised RDT curriculum and reporting tools; health workers skilled in RDT use; availability of malaria RDTs in 37 target districts; RDT implementation report to guide further roll-out of RDTs on a mass scale.

Activity 28: Strengthen capacity of Health workers to manage laboratory commodities at facility level

Interventions will include supporting NPHLS and DMLS/NBTS to:

a) Adapt the Laboratory Commodity Management (LCM) curriculum for levels 2-3 and complementary job aids and SOPs for national rollout by December 2011
b) Engage stakeholders to develop a Laboratory Commodity Management ToT curriculum, job aids and SOPs for national rollout by March 2012
c) Build capacity of 40 ToTs nationally on laboratory commodity management with a special focus on HIV testing using local resources by March 2012
d) Disseminate commodity management SOPs, job aids, inventory management tools to health facility staff and provide OJT by June 2012
e) Support laboratory managers (PMLTs, PMLSOs, DMLTs) to implement integrated support supervision package for health commodities by June 2012

Expected results: Laboratory capacity building toolkit (Commodity Management Curricula, SOPs and job aids) developed; Job aids and tools for levels 2-3 developed. 40 ToTs capacitated to rollout the laboratory commodity management trainings; revised laboratory commodity management guidelines and SOPs.

Activity 29: Build capacity of the national laboratory commodity security committee to support and coordinate peripheral level activities

MSH/HCSM will work collaboratively with other key stakeholders to revitalize and expand membership and functions of the existing Laboratory Commodity Security Committee to ensure that the peripheral level activities such as information management, forecasting & quantification, tracking etc. are well supported and coordinated.

Specifically, MSH/HCSM will undertake the following:

a) Work with MOMS/MOPHS to reconstitute/expand the existing national Laboratory commodity security committee to incorporate key laboratory stakeholders. This will expand the scope of the current committee beyond HIV commodities by Dec 2011.
b) Support the Committee to develop a national Essential Laboratory Commodity List to rationalize and guide procurement by September 2012
c) Capacitate the laboratory commodity security committee to provide adequate oversight for laboratory supply chain management and plan for commodity security. This will include training on specific areas like supply chain audits, forecasting & quantification, procurement planning and pipeline monitoring; use of data for decision making; analysis and provision of feedback to regional and facility level staff by March 2012
d) Active support to the annual national quantification and forecasting, procurement planning and development of routine strategic information reports by March 2012

Expected results: A functional Laboratory Commodity Security Committee; availability of a national laboratory commodity procurement plan; timely monthly lab stock status reports generated for decision making; improved coordination of laboratory commodity management activities at national and regional level.

9. Support to MSH/HCSM Project start up activities

These will include all those activities associated with start up of the project and include the following among others:

- Meetings with counterparts to develop the workplan
- Change management/orientation workshop for HCSM staff
- MSH/HCSM Project launch
- Recruitment of staff
- Office set up within the various regions (for regional staff)
- Baseline survey, report writing and dissemination
- Development of project database

Expected results/Outcomes

Establishment of HCSM program with staff based in the regions; motivated and focused staff; team with balanced skills mix.

10. Support to short term technical assistance activities and participation in key national and international meetings

Under this activity, the MSH/HCSM will seek to contribute to the national and international agenda on management of health commodities, quality pharmaceutical and laboratory services. MSH/HCSM will also support the participation of GoK and HCSM staff in key international meetings, such as the Professionalization of Supply Chain Management Global Conference.

11. Office management:

This includes the day to day running of the office and includes administrative support staff, stationery and supplies, utilities, equipment among others. They are necessary for the smooth running of project activities.

MSH/HCSM WORKPLAN IMPLEMENTATION MATRIX
(April 1, 2011 – September 30, 2012)

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
Result Area 1: STRENGTHENED MOH COMMODITY MANAGEMENT													
Expected outcome 1: Peripheral health care facilities able to account for and manage their own commodities effectively													
AOP 6: Section 3.1 AOP 6: Section 5.2.6	Ensure functional stakeholders forums at provincial and district levels EML and other essential guidelines and SOPs disseminated ; Minimum standards for facility EMMS storage and dispensing infrastructure defined and disseminated	Strengthened PHMTs and DHMTs oversight and coordination of stakeholders at regional level to promote health commodity security Faith based organizations represented at regional health commodity management forums. Commodity Management materials adapted for use in the private and faith-based sectors	AOP 6:- Table 3.1 (page 12) AOP 6: Table 5.14 (page 96)	**1**: Develop and implement a coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams a) Jointly with PHMTs/county HMTs and other key stakeholders, constitute eight (8) regional health commodities management committees and 50 district health commodities management committees with appropriate TORs by end December 2011 b) Advocate and provide support for inclusion of FBO sector in regional health commodity management coordinating forums by end December 2011 c) Adapt and roll out commodity management trainings, SOPs, job aids and tools, and mentor focal persons in the FBO sector (KEC, CHAK, EPN, MEDS) by Sept 2012	Improved drug use and commodity management ensured through quarterly meeting Re-distribution of drugs and supplies to needy hospitals carried out (Section 4.2.1.3 :- Hold biannual stakeholder forums (Section 4.2.2.3, Table 4.8, page 34); Provincial health stakeholders forum implemented (Section 4.2.2.3, Table 4.11, page 38) Joint quarterly consultative planning meetings held with stakeholders (partnership forums) (Section 5.1.2, Table 5.2,	Functional stakeholders forums with commodity oversight established at provincial level by March 2012 Functional stakeholders forums with commodity oversight established in selected districts by June 2012 FBOs included in the Regional stakeholder forums for commodity oversight by Dec 2011	HCSM, MoMS/MoPHS, key MoH programs, P/DHMTs, Regional partners (APHIA Plus, ICAP, WRP) and other USG partners, DANIDA, FBO sector, training institutions			X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				(***Regional level***)	page 75) Articulating the Public–Private Partnership Policy: The process to strengthen private sector collaboration with the formal health services (Section 6.1, page 124)								
AOP 6:Section 5.1.2 DDPC proposed AOP 7, M&E section (page 15) PMI Kenya MOP FY10, M&E Table (page 53) AOP 6:Sections 4.2.1.3; 4.2.4 (page 38)	LMIS tools reviewed, printed and disseminated LMIS tools revised, printed and distributed to SDPs Strengthened quality and timeliness of data by the various data sources (HMIS, LMIS). Improved drug use and	Regional commodity management teams who are capacitated to implement manual and electronic LMIS tools to support acquisition of commodity data for decision-making Quarterly review meetings held by the regional commodity management teams and partners to strengthen commodity usage reporting and feedback	AOP 6 : Table 5.2 (page 75); Table 5.2 (page 71) DDPC proposed AOP 7 (page 15) PMI Kenya Malaria Operational Plan FY10, M&E Table (page 53) AOP 6 : Table 4.6 (page 28)	**2**: Strengthen commodity use information management for decision making at regional level in 8 regions to strengthen commodity usage reporting and feedback a) Develop/review and avail manual and/or electronic LMIS tools as appropriate to health facilities and 50 district stores by end June 2012 b) Build capacity (in data collection and analysis) of at least 3 district level staff in each of the 50 districts to enable quarterly data collection, review and feedback meetings. These district level staffs will work jointly with APHIA Plus to capacitate at least one healthcare worker per health facility per district by Sept 2012.	HIV/AIDS commodities supply is constantly monitored and LMIS strengthened; LMIS tools revised, printed and distributed to SDPs (Section 5.1.2, Table 5.2, page 71) LMIS tools reviewed, printed and disseminated (Section 5.1.2, Table 5.2, page 75) Tracking report on the visibility of commodities along the supply chain for	Manual and electronic MIS tools implemented at regional level by Sept 2012 Provide technical leadership to the commodity focal persons at Regional level in the quarterly commodity usage review meetings	HCSM, MoMS/MoPHS, MoH programs, P/DHMTs, Regional partners	X	X	X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
	commodity management ensured through quarterly meetings			(***National and Regional levels***)	avoidable losses and wastages done biannually (Section 5.2.6, Table 5.14, page 97) Monitoring tools for non pharmaceutical commodities distributed to all hospitals (Section 5.2.4, Table 5.12, page 94) Improved drug use and commodity management ensured through quarterly meeting (Section 4.2.1.3:-								
AOP 6:Section 5.1.2 MoPHS/DCLM Section 3.1	Support supervisory field visits conducted 4 integrated supervisory visits to each province done and reports compiled	Integrated health commodities Support Supervision at health facilities conducted by the Regional health teams (PHMTs and DHMTs/county HMTs) Comprehensive package for integrated supportive supervision for commodity management.	AOP 6 Table 5.2 (page 71) MoPHS/ DCLM proposed AOP7, Section 3.1	**3:** Review and disseminate a comprehensive package for integrated supportive supervision for commodity management at regional level. a) Review and finalize a comprehensive package for Integrated Supportive Supervision for commodity management by March 2012 b) Mentor PHMTs in 8 regions and DHMTs in 50 districts to undertake quarterly integrated	Support supervisory field visits conducted (Section 5.1.2, Table 5.2, page 71) Integrated support supervision for reproductive health services conducted (Section 5.1.2, Table 5.3, page 78)	Integrated Support supervisory missions undertaken quarterly in 8 regions	HCSM, MoMS/MoPHS, MoH programs, P/DHMTs, Regional partners				X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				health commodities support supervision missions from April 2012 using the integrated supportive supervision package. (***Regional level***)	Quarterly facilitative supervision carried out at all levels 4-5 GoK, FBOs and private hospitals (Section 4.2.1.3, Table 4.6 - page 28, Table 4.8 - page 34)								
Expected outcome 2: Strong and Effective MoMS/MoPHS stewardship and technical leadership in supply chain management / Commodity Security													
AOP 6: Section 3.2, Table 3.1, page 12 (Sector Priority interventions in AOP 6) Section 5.1.2, Table 5.2, page 75 (Disease prevention and control) AOP6 Section 5.1.2; Section 3.1;	Strengthen sector stewardship and partnerships with all stakeholders Operations of technical working groups (TWG) strengthened Tracking report on the	MoMS / MoPHS supported to operationalize ICCs and technical working groups with a key mandate to formulate and implement commodity security policies Functional SCOC overseeing supply chain audits conducted in health facilities.	AOP 6, Table 3.1 (page 12) Table 5.2, page 75 (Disease prevention and control) AOP 6 Table 5.14 (page 97)	**4**. Provide technical leadership for commodity security and supply chain oversight at national level Sub activities will include: a) Provide Technical leadership for review of TORs and membership of health commodity-related TWGs, committees and ICCs to ensure they address supply chain and commodity security elements by Dec 2011 b) Provide technical leadership for review, finalization and implementation of Supply chain audit toolkit and support SCOC in supply chain audits in four Level 5 facilities by Sept 2012 c) Develop and implement stock status summary reporting package for central and	Ensure functional stakeholders forums at provincial and district level (AOP 6, Pg 12) Operations of Technical Working Groups (TWGs) strengthened (Section 5.1.2, Table 5.2, page 75)	Active participation and technical leadership in all key health commodities related TWGs and committees, and ICCs on quarterly basis Maintain secretariat of TB commodity security sub-committee Technical support to review of SCOC TORs, development of	HCSM, MoMS/MoPHS, key MoH program staff, KEMSA & other supply chain partners, regional partners, other stakeholders			X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
Section 5.2.6;	visibility of commodities along the supply chain for avoidable losses and wastages done bi-annually. TA for Supply chain management and in-country drug distribution			regional level by June 2012 d) Review the central level tracer lists for health commodities to create an integrated Tracer list, for commodity security oversight activities by March 2012 (***National and regional levels***	Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done biannually (Table 5.14, page 97)	SCOC strategic plan, and implementation of supply chain audits in 4 level 5 facilities by September 2012. Reporting package for national and regional commodity security monitoring implemented by Mar 2012.							
AOP 6: Section 5.4.8 Procurement Table 5.34, 5.35 (AOP 6 output for MoPHS procurement) (page 118)	Ensuring security for commodities and supplies Annual procurement request schedules developed	Annual forecasting and quantification undertaken and procurement plan schedules developed and disseminated. Monthly Stock status summary reports generated by MOMs/MOPHs at central level of priority programs including malaria, ART FP, TB at regional level Integrated commodity forecasting and quantification, procurement planning and pipeline monitoring guidelines, SOPs, and job aids developed and disseminated.	AOP 6 (page 118)	**5**. Develop/review guidelines and tools, and implement capacity building strategies for health commodity forecasting and quantification (***national and regional level***) a) Develop/review training packages, SOPs, Job Aids and strategies for national and facility level on integrated health commodity forecasting and quantification, procurement planning and pipeline monitoring guidelines targeting key officers in priority MoH programs (DOMC, NASCOP, DRH, DLTLD), DOP, DVI and Department of Nursing (DON) by March 2012 b) Mentor 12 senior health workers at national level on	Annual procurement request schedules developed (Section 5.48, Table 5.34 and 5.35, page 118) Multiyear commodity plan updated and procurement plan developed; Health commodities procured and distributed to facilities and other service sites; AL available at health facilities (Section 5.1.2, Table 5.2, page 71)	Curricula for F&Q available and in use by March 2012. Integrated F&Q templates/models for FP, Malaria, TB and ART developed by March 2012 Pipeline monitoring tool implemented by Sep 2012	HCSM, key MoH programs, MOMS/MOPHS, KEMSA other supply chains, other stakeholders				X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				forecasting and quantification, procurement planning and pipeline monitoring based on-job-training (OJT) activities from April 2012	Strengthen procurement and commodity management structures for TB, Malaria and HIV/AIDS (Section 5.1.2, page 69) Procurement lists for central and health facilities developed by level of care (Section 5.2.6, Table 5.1.4, page 97) Quantification of non-pharmaceutical commodities done (Section 5.2.4, Table 5.12, page 94) Quantification of EMMS institutionalized at all KEPH levels (MoMS strategic Plan, page 35)								
MOMS Strategic plan, Table 6.7 (page 37) AOP 6 Table 4.6	Pre- and In-service EMMS curricula developed	Facility staff and regional commodity management teams supported to implement capacity building approaches in commodity management	MOMS Strategic plan (page 37) AOP 6	**6**. Develop/review and disseminate curricula and training materials to improve commodity management (***at National and Regional levels***) a) Develop integrated pre-service commodity	EMMS incorporated into pre- and in-service training curricula for core health workers (MOMS Strategic plan,	Curricula for commodity management available and in use by Sep 2012.	HCSM, key MoH programs, MOMS/MOPHS, partners, tertiary training institutions, other stakeholders, KMTC, KISM, Training TA,	X	X	X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
(page 28); Table 5.14 (page 94-96)	Re-distribution of drugs and supplies to needy hospitals carried out Minimum standards for facility EMMS storage and dispensing infrastructure defined and disseminated		Table 4.6 (page 28); Table 5.14 (page 94-96)	management curricula for tertiary training institutions (universities and medical training colleges) by Sept 2012 b) Implement in-service curricula on commodity management for facility level in collaboration with at least 2 tertiary training institutions such as KMTC, Kenya Institute of Supply Management (KISM), Strathmore College, and the Training TA, by Sept 2012 c) Jointly with APHIA Plus, and other stakeholders, undertake regional Training of Trainers (TOT) to capacitate 40 trainers in health commodity management by June 2012 d) Jointly with DANIDA, APHIA Plus and other stakeholders, undertake 2 regional TOTs to capacitate 60 trainers nationally in "*pull*" system by Sept 2012 e) Develop/review a package for commodity management at community level (CHWs) by Sept 2012	Table 6.7, page 37) Minimum standards for facility EMMS storage and dispensing infrastructure defined and disseminated EML and other relevant essential guidelines and SOPs for pharmaceutical services delivery disseminated (…management & storage…)	40 regional TOTs trained in health commodity management Commodity management training materials for CHEWs and CHWs developed by Sept 2012	MSH/LMS, APHIA Plus						

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
AOP 6: Section 5.1.2 Disease Prevention and control Table 5.2. Ensuring security for commodities and supplies.	Logistics Management Information System (LMIS) in place	MOMS/MOPHS and priority programs supported to assess their health commodity Management Information System (MIS) requirements and develop and implement interventions to commodity data management MOH commodity MIS mapping report and implementation plan.	AOP 6 Table 5.2 (page 71) Table 5.16 (page 100) MoMS Strategic Plan 2008-12,	**7:** Review the MoH health commodity electronic MIS requirements at central and peripheral levels to identify gaps, design and implement interventions a) Review the ADT tool and scale up the user sites from the current about 190 sites to 350 service delivery points, by Sept 2012 b) Review the Inventory Tracking tool (ITT) and support its use in 50 district stores, including district stores, by September 2012 c) Adapt the existing MIS tools to incorporate new functionalities and technologies, and enhance integrated reporting e.g. by use of web-based and mobile data transmission technologies. This will be piloted in 5 districts by September 2012. d) Provide technical leadership in planning and mapping of MIS systems for managing health commodities in public and FBO health facilities by December 2011 e) Build capacity of health workers in the 50 select	Health commodities supply is constantly monitored and LMIS strengthened; LMIS tools revised, printed and distributed to SDPs (Section 5.1.2, Table 5.2, page 71) LMIS tools reviewed, printed and disseminated (Section 5.1.2, Table 5.2, page 75) Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done biannually (Section 5.2.6, Table 5.14, page 97) Functional LMIS at all health facilities (electronic and manual tools) (MoMS Strategic Plan, page 36)	MIS mapping conducted by September 2011 MIS implementation plan developed and disseminated by March 2012 Integrated tracer list for health commodities developed by Sep 2012	HCSM, MoMS, MoPHS, DoP, KEMSA, key MoH programs, partners, World Bank	X	X	X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				districts for the implementation of the electronic tool, by July 2012 f) Build regional capacity to roll out the electronic tool by engaging regional partners to provide on-site support and maintenance for electronic tool by Sept 2012 (***at National and Regional levels***)									
PMI Kenya Malaria Operational Plan FY10		Rational use and availability of key anti-malarials determined; Overall malaria case management quality care improved	Malaria M&E plan (page 56) PMI Kenya Malaria Operational Plan FY10 (Table 2, FY2010 Planned Obligations Kenya, pg48)	**8**. Provide technical guidance to undertaking bi-annual surveys on health commodity management issues undertake end-use verification/monitoring of availability of key anti-malarials and other health commodities at the facility level	Tracking report on the visibility of commodities along the supply chain for avoidable losses and wastages done biannually (Table 5.14, page 97)	Bi-annual surveys on health commodity management initiated by Dec 2011	HCSM, MoMS/MoPHS, key MoH program staff, KEMSA, KEMRI Welcome Trust		X	X	X	X	
Expected outcome 3: Effective coordination and harmonization of GoK and development partners' activity in the sub-sector by the procurement and supply chain ICC (PSC-ICC)													
AOP 6: Section 3.1 Section 5.4.5 section 6.2	Complete establishment of sector coordination process and ICCs and SWAp secretariat Documentation of	1. A functional PSC-ICC that provides strong and effective leadership, coordination and harmonization of GoK and donor activities related to commodities management	AOP 6:- Table 3.1 (page 12); Table 5.31, (page 116); Section 6.2 (pg 124)	**9.** Provide Technical leadership for review of TORs and development of work plan for the PSC-ICC Sub activities towards reactivation the PSC-ICC will include:- a) Provide technical leadership for review of TORs and membership; identify TWGs	Sector governance; documentation of secretarial function for the sector coordination structure (JICC, HSCC, ICC) available (Section 5.4.5,	TORs reviewed and Work plan developed by June 2012 Ensure secretariat of PSC-ICC is functional by June 2012	HCSM, NASCOP, DOMC, DLTLD, DRH, MOMS/MOPHS, partners, other stakeholders					X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
	secretarial function for the sector coordination structure available Ensure meetings of different coordination structures are taking place			and development of work plan for an expanded PSC-ICC for overall health commodity oversight by June 2012. b) Provide technical leadership and support to quarterly meetings of the expanded PSC-ICC by June 2012 (***National level)***	page 116)								
Result Area 2: STRENGTHENED PHARMACEUTICAL POLICY AND SERVICE DELIVERY													
Expected outcome 1: Improved delivery of pharmaceutical services													
AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Functional hospital MTCs in existence in 30 level 4-6 hospitals across all sectors Improved pharmaceutical services as availability of STGs and EML from 47% and increase in tracer conditions treated according to recommender treatment guidelines from 6.9% to 15% for diarrhea and 22% to 40% for Malaria	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010 (3.6.1) Promoting appropriate medicines use:	**10.** Technical and operational support to establishment of functional hospital MTCs in level 4-6 hospitals across all sectors a) Revision and finalization of MTC guidelines and training materials by March 2012 b) Capacity building of institutional MTCs by June 2012 c) Follow-up and support of institutional MTCs by September 2012 d) Support to identification of problems in service delivery and, design facility based interventions by September 2012 ***(regional level)***	MTCs established in all level 4-6 facilities	Technical assistance to establishment of 30 MTCs in level 4-6 facilities by September 2012	HCSM MOMS, MOPHS, DANIDA, APHIA Plus, PHMT, DHMTs, HMTs, MTCs, Faith based sector		x	x	x	x	x
AOP 6 5.3.7 5.2.2	Pharmacy and Poisons Board:	CPD material developed and targeted regional CPD sessions to private/community	AOP 06; KNPP 2010 (3.9.3)	**11.** Support CPD development and implementation plan targeting all sectors in the areas	CPD guidelines developed /reviewed and	Technical assistance to review and	PSK, APHIA Plus, PHMT, MOMS, MOPHS, DHMTs,			x	x	x	x

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
	Capacity strengthening and retooling of management support, and service delivery staff Standards and Regulatory Services	based practitioners undertaken	Pharmaceutical Human Resource Utilization	of commodity management and appropriate medicines use This will involve: a) Development and implementation of CPD guidelines and implementation plans. b) Development of needs-based CPD materials c) Scale-up of trainings previously conducted in partnership with professional associations such as PSK and KPA. These trainings will be in areas of commodity management, pharmaceutical care and appropriate medicines use for HIV, Malaria, TB and FP ***(national level with regional representation)***	implemented.	finalize CPD guidelines and implementation plan by April 2012 1 CPD session in each of 7 regions targeting 50 professionals undertaken by September 2012	MTCs, Programs, PPB						

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
AOP 5.2.6	Pharmacy: Capacity strengthening and retooling of management support, and service delivery staff	Pharmaceutical services operational manual, charter, and standard operating procedures finalized and disseminated	AOP 6 MOMS strategic plan 2008 - 2012 pg.15	**12.** Technical and operational support to finalization, and dissemination of pharmaceutical services operational manual, charter, and standard operating procedures of pharmaceutical services to support quality improvement and service delivery at all levels of the health system by March 2012. Provide technical assistance for finalization and launching of the DOP website by March 2012. Support capacity building of the department's staff on website maintenance and content management by March 2012. ***(national level with regional representation)***	Services charter defining rights and obligations developed and rolled out. Operational manual with job descriptions developed and disseminated.	Technical assistance in the finalization of Pharmaceutical Services operational manual, charter and SOPs and dissemination to all level 4-6 facilities by March 2012	MOMS, MOPHS, DANIDA,APHIA Plus, PHMT, DHMTs, HMTs, MTCs and other regional partners	x	x	x	x	x	x
AOP 6 5.3.4	KMTC: Policy formulation and strategic planning	Pharmaceutical care and management modules for pre-service level developed	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	**13.** Support finalization and integration of pharmaceutical care and management topics in pre-service training curricula for tertiary level training institutions by September 2012 (***national level)***	EMMS incorporated into pre- and in-service training curricula for healthcare workers	Technical assistance to the review of curricula (KMTC, UoN) and development of pharmaceutical care and management modules by September 2012	UON, KMTC, PPB, MOMS, MOPHS, Other training institutions		x	x	x		

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
Expected outcome 2: Strengthened medicine quality assurance and pharmacovigilance													
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and service delivery staff	50 focal champions equipped with pharmacovigilance knowledge, skills and tools	AOP 6 Draft PPB AOP 7 2011-2012	**14.** Technical and operational support in sensitization of health care workers in all sectors (public, private, FBO) using the national pharmacovigilance materials with a focus on priority programs HIV/AIDS, TB, and Malaria a) On-going technical and operational support in sensitizing health care workers in all sectors (public, private, FBO) on pharmacovigilance using the revised national training curricula, job aids and manuals by March 2012. b) Follow up of trained health care workers and their organizations and provision of technical support for the implementation of their action plans by September 2012. (***regional level***)	Sensitization of healthcare professionals in selected health facilities per province	Capacity building of 50 focal champions/ ToTs (one for each of the 50 districts) by March 2012 Provision of PV guidelines, tools, job aids to selected health facilities per province by June 2012 Follow –up on implementation of action plans by Sept 2012	PPB, MOMS, MOPHS, DOP, Programs, WHO	x	x	x	x	x	x

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
AOP 6 5.3.7; 5.1.2	Pharmacy and Poisons Board: Ensuring security for commodities and supplies. Disease Prevention and control	Institutionalization of post-marketing surveillance for strengthened medicines quality assurance and pharmacovigilance	AOP 6 KNPP 2010 (2.5.2.4) Ensuring access to medicines: Quality, safety and efficacy	**15.** Technical and operational support to PPB for post marketing surveillance surveys/activities in collaboration with NASCOP, DOMC, DLTLD, other programs and stakeholders This will involve building capacity for: a) analysis and documentation of post marketing surveillance surveys results by March 2012 b) dissemination of post-marketing surveillance surveys/activities reports by September 2012 ***(national level)***	Market surveillance and strategies to counter counterfeits implemented Disseminate studies on quality of malaria, HIV and Tb medicines	Technical expertise to support PMS activities 2 post marketing surveillance survey reports disseminated by NQCL & PPB, by September 2012	PPB, USP, NQCL,MOMS, MOPHS, DOP, Programs, WHO	x	x	x	x	x	x
AOP 6 5.3.7	Pharmacy and Poisons Board: Ensuring security for commodities and supplies	Improved awareness and participation of the community in strengthening medicine safety and quality.	AOP 6 KNPP 2010 (2.5.2.4) Ensuring access to medicines: Quality, safety and efficacy	**16.** Technical and operational support to PPB for strengthening PV at consumer level This will involve increasing awareness on the consumer reporting system: a) development and provision of required tools and IEC materials by June 2012 b) establishment of Consumer reporting in 3 facilities by September 2012 ***(national and regional levels)***	Sensitization materials and tools for ADR monitoring developed and disseminated	Development of consumer reporting tools and IEC materials by June 2012 Consumer pharmacovigilance reporting system established in 3 facilities by September 2012	PPB, MOMS, MOPHS, DOP, Programs				x	x	x
AOP 6 5.3.7	Pharmacy and Poisons Board:	Pharmacovigilance reporting tools printed and disseminated to 1000 facilities and E-system	AOP 6 Draft PPB	**17.** Support to PPB to review, print and disseminate pharmacovigilance training	PV tools and promotional material printed	PV electronic reporting system	PPB, MOMS, MOPHS, DOP, Programs	x	x	x	x	x	x

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
	Capacity strengthening and retooling of management support, and service delivery staff	implemented to boost reporting	AOP 7 2011-2012	curriculum, jobs aids, manuals and reporting tools. **MSH/HCSM** will support the implementation of an electronic system to boost reporting ***(Printing and development of e-system:at the national level; dissemination: regional level)***	and disseminated	implemented by Sept 2012 500 seed copies of PV reporting tools printed and disseminated to 1,000 facilities by Sept 2012							
AOP 6 5.3.7	Pharmacy and Poisons Board: Resource mobilization and partner coordination	20 PPB and MOH staff equipped in pharmacovigilance data management and use; including pharmacovigilance information sharing, feedback and communication for decision making	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	**18.** Technical and operational support for PV data acquisition and information management for decision-making This will be done through: a) Support to courier system for pv data acquisition b) TA for PV data management and use c) TA for PV information sharing, feedback and communication for decision making e.g. pharmacovigilance newsletters by September 2012 (***national and regional levels)***	Disseminate studies on quality of malaria, HIV and Tb medicines Utilization of research findings	Capacity building of 20 PPB, regional and facility staff to acquire, manage and utilize PV data for decision making by Sept 2012	PPB, MOMS, MOPHS, DOP, Programs	x	x	x	x	x	x
AOP 6 5.3.7	Pharmacy and Poisons Board: Capacity strengthening and retooling of management support, and	Active sentinel surveillance protocols developed 12 active surveillance sentinel sites strengthened to detect and report ADRs	AOP 6	**19.** Technical support to PPB for establishment of ADR active sentinel sites in collaboration with priority programs and other stakeholders This will involve:	Establishment of sentinel surveillance sites for ADR monitoring	Technical assistance in the development of required protocols Institutional and human	PPB, MOMS, MOPHS, DOP, Programs	x	x	x	x	x	x

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
	service delivery staff			a) development of active surveillance protocol/concept paper or guidelines by June 2012 b) Capacity building, follow-up and support of ADR sentinel sites by September 2012 ***(national and regional levels)***		capacity building for 12 active surveillance sentinel sites by Sept 2012							
Expected outcome 3: Strengthened pharmaceutical subsector governance													
AOP 6 5.1.2; 5.2.65; 5.4.3	Disease prevention and control Pharmacy: Ensuring security for commodities and supplies: Technical Planning and monitoring	Standard treatment guidelines and KEML reviewed /disseminated nationwide	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7) AOP 6; KNPP 2010(3.6.1) Promoting appropriate medicines use:	**20.** Technical support to the, review / dissemination of National clinical and referral guidelines, KEML and program specific treatment guidelines e.g. national ART guidelines, across all sectors by September 2012. ***(review: at national level with regional representation; dissemination: national & regional levels)***	Standard treatment guidelines reviewed and disseminated to all health facilities nationwide Revised and updated KEML	Technical assistance to review and update existing various guidelines Dissemination of National STGs and KEML to 1000 health facilities by September 2012	HCSM MOMS, MOPHS, DOP, DANIDA, WHO, PSK, KEMSA, PPB, PROGRAMS	x	x	x	x	x	x
AOP 6 5.1.2; 5.2.6	Disease prevention and control Pharmacy: Ensuring security for commodities and supplies	AMU guidelines and training materials finalized and disseminated	AOP 6	**21.** Technical support to dissemination of Appropriate Medicines Use guidelines and training materials by September 2012 ***(Regional level)***	AMU guidelines and training materials finalized and disseminated to all health facilities	Technical assistance to AMU guidelines dissemination to 500 health facilities by September 2012	HCSM, MOMS, MOPHS, DOP, DANIDA, WHO, PSK, KEMSA, PPB, APHIA Plus and other regional partners		x	x	x	x	x

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
AOP 6 Section 5.2.6	Pharmacy: policy formulation and strategic planning	• KNPP officially endorsed and adopted • KNPP implementation and M&E plans developed • KPA strategic plan revised	AOP 6 MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7)	**22.** Technical support to development of a comprehensive KNPP implementation plan and KPA strategic plan by September 2012 (***national level)***	• Approved revised KNPP document • Revised KNPP implementation plan	Technical assistance towards advocating for adoption, endorsement and development of KNPP implementation and M&E plans; -Support institutional capacity in the revision of the KPA strategic plan by September 2012	HCSM, MOMS/ MOPHS-DOP, WHO, DANIDA		x	x	x		
AOP 6 5.2.6	Pharmacy: Ensuring security for commodities and supplies	Strengthened oversight by the NMTC for clinical governance Availability of an approved KNPP and implementation	MOMS Strategic Plan 2008-2012 pg 36 (Results framework strategic thrust 7) KNPP 2010 (3.6.1.1) Promoting appropriate medicines use: Institutional and legal arrangements	**23.**Technical support to the national MTC This will involve provision of technical assistance for the: a) review of TORs and membership of the NMTC by September 2011 b) development of NMTC implementation plan by September 2011 c) development of NMTC secretariat blueprint by June 2012 (***national level)***	NMTC established	NMTC membership and TORs revised and NMTC work plan developed by September 2011 NMTC secretariat blueprint established by June 2012	HCSM, MOMS/MOPHS-DOP, WHO, DANIDA	x	x	x	x	x	x

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
AOP 6 5.3.7	Pharmacy and Poisons Board: Policy formulation and strategic planning Capacity strengthening and retooling of management support, and service delivery staff	Pharmaceutical Governance manuals and SOPs in place	KNPP 2010 Section 4 Pharmaceutical Legal and Institutional Framework	**24.** Capacity building on pharmaceutical governance for PPB, DOP, NQCL and senior program managers This will involve: a) Training 20 PPB, NQCL, DOP and senior program staff on the tenets of pharmaceutical governance by March 2012. b) revision of pharmaceutical governance tools and SOPs in these institutions by June 2012 (***national level)***	Reviewed decision making systems for improved governance; Drug registration, inspection, GMP , PV and training regulation guidelines and SOPs developed/ updated	Capacity building for 20 PPB, NQCL, senior MOH and program staff on pharmaceutical governance by March 2012 Support to review of pharmaceutical governance tools and SOPs by June 2012	PPB, MOMS, MOPHS, DOP, PSK, KPA, WHO, USG Agencies				x	x	
Result Area 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY													
Expected outcome 1: An efficient and effective laboratory supply chain													
AOP 6 NHSSP II Obj 4 (Pg 6)	Priority intervention : Strengthen the management and availability of commodities and supplies	Improved capacity for laboratory commodity management at regional level. Improved laboratory commodity reporting rates for HIV test kits from 50% to 65% and Malaria RDT from 0% to 45% Improved coordination of implementing partners	DDPC draft AOP 7 Sec 2: Security for Public Health Commodities	**25**. Establish and Build Capacity of Regional Laboratory Commodity Security TWGs (***regional level***) a) Work with the regional management teams (PHMT, County HMTs) and other stakeholders to strengthen oversight of laboratory commodities through the formation of regional Laboratory Commodity Security Technical Working Groups (LCS TWG) by December 2011 b) Work with regional	Train PHMTs, DHMTs on L&M Skills (DDPC draft AOP 7 Sec 4.3, priority for 2011 / 2012) Sec 3.4: 4 integrated supportive supervision conducted (DDPC draft AOP 7)	1 Laboratory Commodity Security TWG established per region TA to regional laboratory commodity security TWGs for commodity management through Mentorship, OJT and provision of tools	HCSM, APHIA plus, SCMS, MOMS/MOPHS	X	X	X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				management teams (PHMT, DHMTs, County HMTs) and regional partners to provide facilities with tools for data collection and reporting by January 2012 c) Build the capacity of regional LCS TWG for laboratory commodity management activities. This will include support to generate routine commodity status summary reports and identification of gaps and prioritization of interventions for laboratory commodity system strengthening by June 2012 d) Build capacity of 200 regional laboratory personnel from 50 selected districts through provision of commodity management tools, job aids, On Job Training (OJT), mentorship, by September 2012											
AOP 6 Sec 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved laboratory commodity reporting rates at regional and Health facility level	Regional draft AOP 7 (Proportion of health facilities that submit complete, timely and accurate reports to national level.)	**26**. Strengthen the system to improve laboratory commodity information management at regional and health facility level ***(national and regional levels)*** a) Provide tools for data collection and reporting for essential lab commodities. MSH/HCSM will leverage with other regional partners in ensuring their constant availability at health facilities	AOP 6 Sec 5.4.9, Table 5.36 (Improved HIS reporting rates to 80%)	Improve lab commodities reporting rates including for HIV RTKs (from current 50% to 70%) and Malaria RDTs (currently not available to 40% - in 37 targeted districts)	HSCM, MOMS/MOPHS, APHIA PLUS NPHLS,SCMS, KEMSA		X	X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				by January 2012. b) Build capacity of facility staff to use laboratory commodity information for decision making by May 2012 c) Support systems for transmission of information generated at the facility levels to the regional and national levels for decision making and commodity resupply by Sept 2012 d) Capacitate the PHMT to undertake data quality audits at health facilities by May 2012									
AOP 6 5.1.2 (Pg 71)	Table 5.2, Ensure security of Commodities and Supplies	Improved access to and coverage of malaria RDTs at designated facilities	Proposed FY 2011 PMI Activities (Page 30): Implementation support for RDT rollout	**27.** Support the implementation of the new RDT guidelines for malaria diagnosis. MSH/HCSM will support the DOMC and partners in implementing the new RDT guidelines in 37 selected districts from different malaria epidemiological zones. Focus will include: a) Support DOMC in the review of the RDT training curriculum by Sept 2011 b) Support Supervision and on the job training for RDTs and other laboratory commodities by December 2011 c) Build Capacity of 800 frontline health workers in 37 districts on use of RDTs (conducting the test, reading	MOP 2011, Case Management (Pg 31): Strengthened laboratory capacity through OJT and supportive supervision, Coordination of partner efforts to prevent duplication of effort	Revise RDT Curriculum and reporting tools Equip Health Workers for RDT use and management (in 37 target districts)	HCSM, MOMS, MOPHS, NPHLS DOMC,	X	X	X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				and using the results) by September 2012 d) Support the review and finalization of the RDT reporting tools and integration of RDT usage reporting in the existing systems, e.g. the LMIS, by Sept 2012 e) Support development of job aids and SOPs for establishment of a QA/QC system for RDTs at facility level by September 2012 f) Collect data on RDT use, to enable the DOMC and partners learn lessons to inform planned roll in of RDTs by June 2012. ***(national and regional levels)***									
MOMS Strategic Plan 2005 – 2012 Sec 6.2.7 Table 6.7: (page 38) AOP 6 Sec 5.2.6 (Pg 97) AOP 6 Sec 5.1.2, Performance monitoring	Ensure reliable access to quality, safe and affordable essential medicines and medical supplies. No. of laboratory personnel updated on laboratory skills (Page 74)	Improved inventory management and accountability for commodities Integrated health commodities Support Supervision at health facilities conducted by the PHMTs and DHMTs NPHLS and DML/NBTS supported to develop a TOT Curriculum on Lab Commodity Management, and to utilize the same to strengthen the capacity of existing lab personnel and facilities	NPHLS AOP7 Policy formulation, implementation and evaluative; Monitor availability of test kits in the country through targeted supportive supervision (Page 5)	**28.** Strengthen capacity of Health workers to manage laboratory commodities at facility level. Interventions will include supporting the NPHLS and DML/NBTS to: a) Adapt the Laboratory Commodity Management (LCM) Curriculum for levels 2-3 and complementary job aids and SOPs for national rollout by December 2011 ***(national level)*** b) Engage stakeholders to develop a Laboratory Commodity Management ToT Curriculum, job aids and SOPs	Commodity Management Guidelines for storage, and inventory management operational by 2012 (MOMS Strategic Plan) 150 lab personnel trained in lab data management (DDPC AOP 7 draft, Sec 3), Mentorship training for	Review commodity management guidelines and SOPs by Apr 2012 Train 40 TOTs Support development of a capacity building toolkit (curriculum, job aids, SOPs) for lab commodity management, Job aids and	HCSM.MOMS,MOPHS, APHIA PLUS, Training TA, CDC, NPHLS HCSM, HCSM.MOMS,MOPHS, APHIA PLUS, Training TA, CDC, NPHLS			X	X	X	

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
and evaluation			NPHLS draft AOP 7: Train lab personnel on data management	for national rollout by March 2012 ***(national level)*** c) Build capacity of 40 ToTs nationally on laboratory commodity management with a special focus on HIV testing using local resources by March 2012 ***(regional levels)*** d) Disseminate commodity management SOPs, job aids, inventory management tools and provide OJT by June 2012 e) Support laboratory managers (PMLTs, PMLSOs, DMLTs) to implement of support supervision for health commodities by June 2012	laboratory staff on commodity management (DDPC AOP 7 draft, Sec 3)	tools availed for mentorship at the lower levels (including to Community Health Workers)								
AOP 6 Sec 6.1 (Pg 124)	Providing Comprehensive leadership and management training for mid level managers	Improved coordination of laboratory commodity management activities at national and regional level; A national Essential Laboratory Commodity List in use for procurement	DDPC draft AOP 7 Sec 4.2: Capacity Strengthening and retooling of management support and service delivery (Leadership and management skills)	**29**. Build Capacity of the national laboratory commodity security committee to support and coordinate the peripheral level activities. MSH/HCSM will undertake the following: ***(national)*** a) Work with MOMS/MOPHS to reconstitute the existing national Laboratory commodity security committee to incorporate key laboratory stakeholders. This will expand the scope of the current committee beyond HIV commodities by December	Ensure quarterly meetings of different coordination structures are taking place. (AOP 6 Sec 6.2, DDPC draft AOP 7 Sec 5.1) Laboratory Commodity Forecasting and Quantification done (DDPC draft AOP 7 Sec 2.12)	Support to establishment of an integrated National Laboratory Commodity Security Committee; Support the development of an essential commodity list.	HCSM.MOMS,MPHS, APHIA, NPHLS, NASCOP, DOMC, NTLD	X	X	X	X	X	X

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				2011. b) Support the Committee to develop a national Essential Laboratory Commodity List to rationalize and guide procurement by September 2012 c) Capacitate the laboratory commodity security committee to provide adequate oversight for laboratory supply chain. e.g. use of data for decision making; analysis and provision of feedback to regional and facility level staff by March 2012. d) Active support to the annual national quantification and forecasting, procurement planning and development of routine strategic information reports by March 2012.									
Result Area 4: AN EFFECTIVE AND EFFICIENT HCSM PROGRAM													
		MSH/HCSM Program Start-up		1. Undertake launch the HCSM Program 2. Undertake joint HCSM workplan development for project year 1 3. HCSM project staff orientation 4. Undertake Baseline Evaluation for setting program performance				x x x x	 x				

AOP Activity Ref:	AOP Activity/ Indicator	Output/ Outcome	Source (Ministry / Other)	Specific Activity	TARGET		Responsible Party	2011			2012		
					GOK Target	HCSM Contribution		Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr-Jun	Jul - Sept
				targets 5. HCSM Regional office start-up 6. Develop and implement a HCSM Project database for Project Planning, Performance Monitoring and Reporting					x	x	x	x	x
		Provision of short term technical assistance and participation in important international meetings and conferences		1. Attend international meetings/conferences, eg SPS global meetings, ICIUM, EARN Malaria workshop, RH International Meeting 2. Respond to emergency requests for targeted technical assistance from host government counterparts, USG agencies and partners				x	x	x	x	x	x
		Office Management		1. Office Rent 2. Office utilities for Nairobi and/or regional HCSM offices. 3. Local transport				x	x	x	x	x	x

ACTIVITY BUDGET

No	Broad Activity	Significant Expenses	Total Cost (US$)
1.	Technical activity coordination, monitoring and reporting	M and E, staff time, internal control activities	291,616
2.	Technical support to peripheral health care facilities to be able to account for and manage their own commodities effectively	LMIS tools, training , staff time	2,335,518
3.	Technical support MOMS/MOPHS to strengthen health systems for supply chain management and commodity security	Staff time, stakeholder meetings,	1,188,857
4.	Technical support to the procurement and supply chain ICC (PSC-ICC) for effective coordination and harmonization of GoK and development partners' activity in the pharmaceutical sub-sector	Stakeholder meetings,	632,632
5.	Technical and operational support for improved pharmaceutical services	Staff time, stakeholder meeting, printing	652,656
6.	Technical and operational support for strengthened medicines quality assurance and Pharmacovigilance	Printing, staff time, tools development	745,924
7.	Technical and operational support for improved pharmaceutical sub-sector governance	Printing, staff time stakeholder meetings	606,203
8.	Technical support for an effective and efficient laboratory supply chain	Staff, TA , tools development	1,960,802
9.	Support to MSH/HCSM Project start up activities	Baseline assessment ,staff time	39,097
10.	Support to short term technical assistance activities and participation in key national and international meetings	3 international meetings and 2 external conferences	78,576
11.	Office management	Rent, utilities, communications	1,098,198
	Sub-Total		**9,630,070**
	Cost Share		481,503
	GRAND TOTAL		**10,111,573**

APPENDIX 1: HCSM ACTIVITIES AND COLLABORATIONS WITH PARTNERS

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
TECHNICAL AREA 1: STRENGTHENED MOH COMMODITY MANAGEMENT					
1.1. Peripheral health care facilities able to account for and manage their own commodities effectively	Weak mechanisms for addressing commodity management/security challenges and coordination at the peripheral level Lack of capacity in health commodity management in the FBO sector at regional level Inadequate tools for capacity building at regional level Parallel supply chains	**Develop and implement a coordinating mechanism for health commodity security at regional level in collaboration with regional health management teams** a) Jointly with PHMTs/county HMTs and other key stakeholders constitute eight (8) regional health commodities management committees by end December 2011 b) Develop TORs for the regional health commodities management committees by end December 2011 c) Jointly with key stakeholders, organize quarterly meetings for regional health commodities management committees from January 2012 d) Jointly with PHMTs and other key stakeholders, constitute health commodities management committees in two (2) districts per regions by June 2012 e) Advocate and provide support for inclusion of FBO sector in regional health commodity management coordinating forums by end December 2011 f) Adapt and roll out commodity management trainings, SOPs, job aids and tools, and mentor focal persons in the FBO sector (KEC, CHAK, EPN, MEDS) by Sept 2012	HCSM, MoMS/MoPHS, key MoH programs, P/DHMTs, Regional partners (APHIA Plus, ICAP, WRP) and other USG partners, DANIDA, FBO sector (KEC, CHAK, EPN, MEDS, SUPKEM and Hindu Union), training institutions	• Provide leadership in formation and implementation of regional commodity coordinating committees and develop TORs • Advocate for inclusion of FBO sector in regional commodity committees • Provide technical guidance in scheduled regional commodity management committee meetings • Adapt and provide finalized training materials, SOPs, job aids and tools in art-work/CD form for FBO sites • Mentor commodity focal persons in the FBO sector	APHIA Plus and other regional partners:- • Provide operational support for the health commodity management team meetings and secretariat • Support implementation of regional health commodities committee recommendations and activities FBO sector (KEC, CHAK, EPN, MEDS, etc), APHIA Plus :- • Support adaptation and implementation of commodity management materials and strategies for FBO sector • Roll-out health commodity management trainings in FBO sector • Support printing and dissemination of the training materials, SOPs, job aids and tools, and mentorship of focal persons in the FBO sector

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
		(***Regional level***)			
	Weak Logistics Management Information Systems (LMIS) for tracking health commodities Inadequate commodity reporting tools, poor quality reports, low reporting rates	**Strengthen commodity use information management for decision making at regional level in 8 regions to strengthen commodity usage reporting and feedback** a) Develop/review and avail manual LMIS tools to health facilities and district stores by end June 2012 b) Develop/review and avail electronic LMIS tools to 50 districts (including 2 FBO sites per district) by end June 2012 c) Build capacity (in data collection and analysis) of at least 3 district level staff in 50 districts. These district level staffs will work jointly with APHIA Plus to capacitate at least one healthcare worker per health facility per district by Sept 2012 d) Provide technical leadership and support to regional commodity management teams (PHMTs) to convene quarterly data collection, review and feedback meetings from January 2012 e) Provide technical leadership and support to DHMTs to convene monthly data collection, review and feedback meetings from April 2012 (***Regional level***)	MoMS/MoPHS, MoH programs, APHIA Plus, CDC, ICAP, KEC, CHAK, MEDS AMPATH,US/ DOD, other USG partners, AIDS Relief SUPKEM, Hindu Union, DANIDA P/DHMTs, Regional partners	• Technical leadership for development / review of LMIS tools and commodity information flow systems, capacity building materials to facilitate use of the tools • Provide finalized tools in art-work/CD form • Capacitate the MoH and APHIA Plus and regional partners' commodity focal persons (such as ICAP, MEDS, AIDS Relief) • Technical guidance and active participation in data review and feedback meetings, implementation of meeting recommendations	APHIA Plus, other regional partners:- • Support mapping of all reporting sites and need for LMIS tools in all districts • Support printing and dissemination of the manual LMIS tools to all reporting sites • Support for orientation of health workers on correct usage of the electronic and manual LMIS tools (workshops, OJT) • Operational support for LMIS data collection (reporting) and feedback systems from district to regional level and from health facilities to district levels (e.g. airtime, courier services for sending manual reports) • Operational support for the regional (quarterly) and district (monthly) data review and feedback meetings and implementation of meeting recommendations • Support to computer hardware maintenance and software support at health facilities Training TA:- • Support for cascading training (orientation) of health workers on electronic and manual LMIS

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
					tools
	Weak and poorly coordinated support supervision structures at the regional level	**Review and disseminate a comprehensive package for integrated supportive supervision for commodity management at regional level** a) Review and finalize a comprehensive package for Integrated Supportive Supervision for commodity management by March 2012 b) Disseminate the Integrated Supportive Supervision package from April 2012 c) Mentor PHMTs in 8 regions and DHMTs in 50 districts to undertake quarterly integrated health commodities support supervision missions from April 2012. (***Regional level***)	HCSM, MoMS/MoPHS, MoH programs, P/DHMTs, Regional partners	• Review integrated support supervision package • Provide finalized tools in art-work/CD form • Technical guidance for development of supervision plans • Develop regional mentors to undertake mentorship of PHMTS and DHMTS to effectively undertake support supervision	APHIA Plus:- • Support printing and dissemination of the supervision tools • Support for orientation of regional and district support supervision teams (workshops, OJT) • Logistical and technical support to support supervision missions • Support for follow-up of supervised facility action plans / mechanisms for addressing identified gaps
1.2 Strong and effective MoMS/ MoPHS stewardship and technical leadership in supply chain management / commodity	Weak mechanisms for identifying and addressing commodity management/security challenges at the national level Lack of strong mechanism to	**Provide technical leadership for commodity security and supply chain oversight at national level** a) Provide Technical leadership for review of TORs and membership of health commodity-related TWGs, committees and ICCs to ensure they address supply chain and commodity security elements by Dec 2011 b) Support MoMS/MOPHS in consensus building for a national health commodity LMIS by Dec 2011	HCSM, MoMS/MoPHS, key MoH program staff, KEMSA & other supply chain partners, KEMSA TA, Central Level Coordination TA, donors, other stakeholders	• Technical guidance in health commodity-related TWGs and committees, and ICCs • Technical leadership for consensus building, development of national LMIS for health commodities • Technical leadership in revival of SCOC, work plan development • Technical leadership in review, finalization and	Coordination TA:- • Collaborative support in mapping and establishment of oversight committees, TWGs and ICCs, and review of TORs KEMSA, KEMSA TA, other supply chain partners and stakeholders etc:- • Collaborative and operational support for consensus building, development of national LMIS APHIA Plus, other regional partners:-

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
Security	track commodity losses along the pipeline	c) Advocate for the revival of the Supply Chain Oversight Committee (SCOC) through stakeholder consensus meetings by Dec 2011 d) Provide technical leadership for review of TORs and development of work plan for SCOC by March 2012 e) Provide technical leadership for review, finalization and implementation of Supply chain audit toolkit and support SCOC in supply chain audits in four Level 5 facilities by Sept 2012 f) Develop and implement stock status summary reporting package for central and regional level by June 2012 g) Review the central level tracer lists for health commodities to create an integrated Tracer list, for commodity security oversight activities by March 2012 (***National and regional levels***)		implementation of Supply chain audit toolkit • Technical guidance and mentorship for supply chain audit teams and sensitization of reconfirmed SCOC members • Technical leadership in development of integrated Tracer list and stock status summary reporting package, regional adoption	• Support printing and dissemination of the supply chain toolkit • Support for orientation of supply chain audit teams and regional health commodity teams on stock status package, integrated tracer list (workshops, OJT) • Direct operational support for joint planning and execution of supply chain audits and dissemination of results • Implementation of supply chain audit recommendations in line with each partner's area of mandate

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	Poor commodity quantification practices at the peripheral level Inadequate tools for capacity building in health commodity forecasting and quantification, procurement planning and pipeline monitoring	**Develop/review guidelines and tools, and implement capacity building strategies for health commodity forecasting and quantification** a) Develop/review training packages and strategies for national level integrated health commodity forecasting and quantification, targeting key officers in priority MoH programs (DOMC, NASCOP, DRH, DLTLD), DOP, DVI and Department of Nursing (DON) by March 2012 b) Support MoMS/MoPHS to develop integrated commodity forecasting and quantification, procurement planning and pipeline monitoring guidelines, SOPs and job aids by March 2012 c) Mentor 20 health workers at national and regional levels on forecasting and quantification, procurement planning and pipeline monitoring based on-job-training (OJT) activities from April 2012 d) Support MoMS/MoPHS take leadership and conduct forecasting and quantification, procurement planning and pipeline monitoring for priority health programs as scheduled (***national and regional levels***)	HCSM, key MoH programs, MOMS/MOPHS, KEMSA, KEMSA TA, other supply chains, other stakeholders	• Technical leadership in F&Q, procurement planning and pipeline monitoring process • Development /review of tools, guidelines, SOPs and capacity building packages for use at central and peripheral levels • Capacity building and Mentorship of key MoH central level staff and regional commodity focal staff	KEMSA, KEMSA TA, other supply chain partners and stakeholders etc:- • Joint F&Q, procurement planning and pipeline monitoring • Support printing and dissemination of tools, guidelines, SOPs and related materials • Provide support for implementation of tools at central and regional levels, including hardware and software support for e-tools APHIA Plus, other regional partners:- • Support printing and dissemination of tools, guidelines, SOPs and related materials • Operational support for regional health commodity mentors to cascade capacity building in health commodity quantification
	Poor commodity management practices at the facility level	**Develop/review and disseminate curricula and training materials to improve commodity management**	HCSM, key MoH programs, MOMS/MOPHS, partners,	• Technical leadership for development of curricula and capacity building strategies.	KMTC, KISM, other tertiary training institutions, Training TA:- • Joint development, adaptation and implementation of

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	Inadequate tools for capacity building in health commodity management Weak warehouse inventory management practices Weak health commodities redistribution mechanism	a) Develop integrated pre-service commodity management curricula for tertiary training institutions (universities and medical training colleges) by Sept 2012 b) Implement in-service curricula on commodity management for facility level in collaboration with at least 2 tertiary training institutions such as KMTC, Kenya Institute of Supply Management (KISM), Strathmore College, and the Training TA, by Sept 2012 c) Jointly with APHIA Plus, the Training TA and other stakeholders, undertake regional Training of Trainers (TOT) to capacitate 40 trainers in health commodity management by June 2012 d) Jointly with DANIDA, APHIA Plus and other stakeholders, undertake 2 regional TOTs to capacitate 60 trainers in in "*pull*" system by March 2012 e) Develop/review a package for commodity management at community level (CHWs) by Sept 2012 f) Support the development of guidelines and SOPs for commodity re-distribution (central level) and implementation at regional level by Sept 2012 g) Implement centrally developed integrated SOPs and guidelines for inventory management and warehousing/storage to strengthen 50 district stores by Sept 2012 (***National and regional levels***)	tertiary training institutions, other stakeholders, KMTC, KISM, Training TA, MSH/LMS, APHIA Plus	Provide finalized materials in art-work/CD form • Develop /review commodity management package for KEPH Level 1 (CHWs) • Introduce e-learning approaches to commodity management training • Develop /review SOPs and guidelines for warehouse inventory management, and for commodity redistribution. Provide finalized tools in art-work/CD form • Jointly with DANIDA, undertake training of "pull" system • Capacity building of regional ToTs and regional commodity focal staff	commodity management training materials and strategies • Roll-out of health commodity management trainings • Support implementation of commodity management package for KEPH Level 1 (CHWs) DANIDA, KEMSA and "pull" system stakeholders :- • Provision of training materials for "pull" system trainings APHIA Plus :- • Printing and dissemination of the training materials • Cascade of health commodity management trainings in collaboration with the regional ToTs • Printing and dissemination of the SOPs and guidelines for warehouse inventory management and commodity redistribution • Technical and operational support for capacity building on use of the SOPs and guidelines • Provide logistical support for re-distribution of health commodities • Operational support for implementation of good

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
					warehousing/storage practices Infrastructure TA :- • Health facility renovation and infrastructure upgrade, including provision of cold rooms, racking in districts stores • Construction of health facilities as per "model" health facility guidelines.
	Weak Health commodities MIS at peripheral level	**Review the MoH health commodity electronic MIS requirements at central and peripheral levels to identify gaps, design and implement interventions** a) Review the ADT tool and scale up the user sites from the current 190 sites to 350 sites, by June 2012 b) Review the Inventory Tracking tool (ITT) and support its use in 30 current user facilities c) Develop and pilot test the web portal for the Health commodity data sharing at the regional level by Dec 2011 d)Provide technical leadership in planning and mapping of MIS systems for managing health commodities in public and FBO health facilities by Sept 2011 e) Develop/review the electronic tool and pilot test in 3 sites by March 2012 f) Build capacity of health workers in the 50 select districts for the implementation of	HCSM, MoMS, MoPHS, DoP, key MoH programs, World Bank, KEMSA and other supply chains, KEMSA TA, P/DHMTs, APHIA Plus and other Regional partners, local learning institutions (Strathmore, JKUAT), regional ICT organizations, other stakeholders	• Take lead in planning and mapping of MIS systems (tool development, logistics support) and dissemination of findings • Development and pilot testing of regional web portal for the Health commodity information sharing • Development, review/update of electronic MIS tools • Develop/review orientation and support materials to facilitate use of the tools • Provide materials and tools in art-work/CD form for dissemination • Capacity building of	APHIA Plus, other regional partners, regional ICT organizations:- • Support mapping of need for MIS tools • Support scale-up of user sites (tool installation) • Support printing and dissemination of the orientation materials to all user sites • Support for orientation of health workers on the electronic MIS tools (workshops, OJT) • Operational support for data transmission (including airtime for mobile SMS solutions for sending commodity reports and sharing information) • Support to computer hardware and software maintenance and support at health facilities Local learning institutions (Strathmore, JKUAT)

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
		the electronic tool, by July 2012 g) Disseminate and implement the reviewed electronic tool in 50 districts by Sept 2012 h) Build regional capacity to roll out the electronic tool by engaging regional organizations to provide on-site support and maintenance for electronic tool by Sept 2012 (***at National and Regional levels***)		ToTs in the focus districts/regions, regional partner commodity focal staff and regional organizations to provide local e-tool support •	• Development, review/update of electronic MIS tools Training TA:- • Support for cascading training (orientation) of health workers on electronic MIS tools
	Weak mechanisms to monitor of availability of key anti-malarial and other health commodities at the facility level Weak mechanisms to determine malaria case management and quality of care	**Provide technical guidance to undertaking bi-annual End-use verification surveys on health commodity management issues** (***National and Regional levels***)	MoMS/MoPHS, DoMC, KEMRI, donors (GF, PMI)	• Technical leadership in development and design of survey tools and methods • Direct support and coordination of bi-annual surveys on health commodity management issues • Provide technical guidance in report writing and dissemination of results	GoK/GF :- • Direct operational support for joint planning and execution of bi-annual surveys and dissemination of results KEMRI :- • Provide technical guidance in protocol development, report writing and dissemination of results

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
1.3 Effective coordination and harmonization of GoK and development partners' activity in the sub-sector by the procurement and supply chain ICC (PSC-ICC)	Poor coordination of commodity management issues across the sub-sector	**Provide Technical leadership for review of TORs and development of work plan for the PSC-ICC** ***(National level)***	MoMS/MOPH, key MoH programs, donors (including USG, CHAI, KfW, JICA, GF, WB, DANIDA), Central level Coordination TA, KEMSA, KEMSA TA, SCMS, Kenya Pharma, MEDS, WHO, other partners, other stakeholders	• Technical leadership for review of TORs and development of work plan for the PSC-ICC • Provide operational support to the Secretariat to the PSC-ICC (prior to entry of the Coordination TA) • Active participation in scheduled PSC-ICC meetings	Central level Coordination TA:- • Collaborative support in mapping and establishment of PSC-ICC sub-committees and/or TWGs, linkages to other ICCs, and review of TORs for expansion of PSC-ICC mandate • Coordination of meetings and operational support to secretariat Donors, Supply chain partners (SCMS, Kenya Pharma, KEMSA TA):- • Participating and providing technical inputs in the meetings • Implementation of PSC-ICC work plan activities and recommendations in line with each partner's mandate
TECHNICAL AREA 2: STRENGTHENED PHARMACEUTICAL POLICY AND SERVICE DELIVERY					
2.1 Improved pharmaceutical sub-sector governance	Outdated KNDP 1994 Revised KNPP not endorsed by cabinet Lack of implementation plan/M&E Plan	Advocacy for approval and endorsement of KNPP Development of a comprehensive KNPP implementation plan/pharmaceutical strategy ***(National level)***	MOMS/MOPHS-DOP, MSH/HCSM, WHO, DANIDA	• Advocacy for KNPP adoption & endorsement • Leverage in finalization of KNPP IP e.g. Part support stakeholder meetings, printing and launch	• Leverage (Cost-share) in development KNPP-IP and M&E plan, printing and launch

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	Inactive National Medicines and Therapeutic Committees(NMTC) for oversight of clinical governance and appropriate medicine use activities	Support to the National Medicines and Therapeutic Committees(NMTC) ***(National level)***	MOMS/MOPHS-DOP, MSH/HCSM, WHO, DANIDA	• Support review of TORs/membership • Support development of NMTC implementation activity plan • Support development of NMTC secretariat blue print • Support implementation of NMTC activities	• Leverage support for establishment of NMTC secretariat • Leverage support for implementation of NMTC activities
	Inadequate dissemination of supply of national Standard Clinical Guidelines, Kenya Essential Medicines List (KEML) &program specific treatment guidelines	Support to the review and dissemination of National Clinical and referral guidelines, KEML and program specific guidelines across all sectors (***National and Regional levels***)	MOMS, MOPHS, DOP, MSH/HCSM,DANIDA, WHO, PSK, KEMSA, PPB, PRIORITY HEALTH PROGRAMS	• Support review and dissemination of National clinical and referral guidelines, KEML and program specific treatment guidelines	• Printing and dissemination of the guidelines (e.g. distribution, site based orientation meetings)

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	Inappropriate medicine use practices at facility	Support to dissemination of AMU guidelines and training materials (***Regional level***)	MOMS, MOPHS, DOP, MSH/HCSM,DANIDA, WHO, PSK, KEMSA, PPB, APHIA Plus and other regional partners	• Dissemination of AMU guidelines and training materials	• Printing of materials • Leverage support for regional dissemination and site based sensitizations/ trainings
	Weak institutional capacity of PPB, NQCL, PSK and KPA to carry out their mandates effectively.	Capacity building on pharmaceutical governance for PPB, DOP, NQCL and senior program managers ***(National level)***	MOMS, MOPHS, DOP, PPB, NQCL, MSH/HCSM,PSK, KPA, WHO,	Capacity building for 20 PPB, NQCL, senior MOH and program staff on pharmaceutical governance Development/ Revision of pharmaceutical governance tools, SOPs	• Leverage for implementation of action plans
2.2 Improved delivery of pharmaceutical services	Functional Medicines and Therapeutic Committees (MTCs) lacking at facility level Inappropriate medicine use practices	Support to establishment of functional hospital MTCs in level 4-6 hospitals across all sectors (***Regional level***)	MOMS, MOPHS, PROGRAMS, MSH/HCSM,DANIDA, APHIA Plus, PHMT, DHMTs, HMTs, MTCs	Capacity building of 30 MTCs in level 4-6 facilities	• Logistical support for facility based CMEs, MTC activities • Printing of MTC capacity materials/ tools

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	Lack of integrated pharmaceutical Standard Operating Pharmaceutical (SOPs) Lack of JDs and clear roles for pharmaceutical cadres	Support to finalization, and dissemination of pharmaceutical services operational manual, charter, and standard operating procedures (***National and Regional levels***)	MOMS, MOPHS, MSH/HCSM,DANIDA,APHIA Plus, PHMT, DHMTs, HMTs, MTCs and other regional partners	Finalization of Pharmaceutical Services operational manual, charter and SOPs and dissemination to all level 4-6 facilities	• Leverage for printing of the documents • Dissemination of the operations manual, charter and SOPs (distribution, regional and site based orientation meetings)
	Inappropriate medicines use practices	Support to CPD development and implementation plan targeting all sectors in the areas of commodity management and appropriate medicines use (***National and Regional levels***)	MOMS, MOPHS, MSH/ HCSM,PSK, APHIA Plus, PHMT, DHMTs, MTCs, Programs, PPB, Professional associations	Review and finalization CPD guidelines and implementation plan Support to roll-out of 1 CPD session in each of 7 regions targeting 50 professionals	Logistical support for roll-out of private and community based CPD sessions
2.3 Strengthened medicine quality assurance and pharmacovigilance (PV)	Weak Post Marketing Surveillance (PMS) system Poor documentation on poor quality medicines	Support to PPB for post marketing surveillance surveys/activities in collaboration with NASCOP, DOMC, DLTLD, other programs and stakeholders (***National and Regional levels***)	MOMS, MOPHS, PPB, USP, NQCL, , DOP, Programs, WHO, MSH/HCSM,	Support to report writing of PMS reports for antiretroviral and anti-TB medicines activities Dissemination of 2 post marketing surveillance survey reports by PPB, HIV and TB programs	Leverage resources for execution of post marketing surveillance surveys

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	Poor involvement of the public/ consumers in medicine safety/PV activities	Support to PPB for strengthening PV at the consumer level (***Regional level***)	MOMS, MOPHS, PPB, DOP, Programs, MSH/HCSM, AMPATH, APHIA partners	Consumer reporting tools and IEC materials developed Consumer reporting established in 3 sites	• Community campaigns, awareness and education meetings; printing and distribution of community level package
	Unavailability/ Inadequate dissemination of PV reporting tools	Support to PPB to print seed copies and disseminate of pharmacovigilance reporting tools Support to implementation of an electronic-system to boost reporting (development of e- reporting system) (***National and Regional levels***)	MOMS, MOPHS, PPB, DOP, Programs, MSH/HCSM, APHIA plus	Implementation of electronic reporting system Printing and dissemination of PV reporting tools to 1000 facilities	• Dissemination of PV reporting tools (distribution, printing, orientation)
	Inadequate sensitization of HCWs on PV	Support to PPB in the review and printing of PV national training curriculum, job aids and manuals (***national level)***	MOMS, MOPHS, PPB, , DOP, Programs, WHO, MSH/HCSM	Review & printing of 500 seed copies for each of the revised PV national training curriculum, job aids and manuals	• Printing of sufficient copies to meet the national requirements
	Insufficient roll-out of Pharmacovigilance system	Support in orientation/sensitization of health care workers in all sectors using the national pharmacovigilance materials with a focus on priority programs HIV/AIDS, TB, and Malaria ***(regional level)***	PPB, MOMS, MOPHS, DOP, Programs, MSH/HCSM	Capacity building of 50 focal champions/ ToTs Provision of PV guidelines, tools, job aids to PPB's selected health facilities per province Follow –up on implementation of action plans	• Logistical support for regional /facility based sensitization meetings and follow-up missions

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	Limited acquisition and utilization of PV data at national and regional levels	Support for PV data acquisition and information management ***(national and regional level)***	PPB, MOMS, MOPHS, DOP, Programs, MSH/HCSM	Capacity building of 20 PPB, regional and facility staff to acquire, manage and utilize PV data for decision making	• Logistical support for regional forums for PV data acquisition and information management • Logistical support for site supervision and mentorship
	Non-functional/ Weak active surveillance system for PV	Support to PPB for establishment of ADR active sentinel sites in collaboration with priority programs and other stakeholders ***(national and regional level)***	MOMS, MOPHS, DANIDA, WHO, DOP, Programs, MSH/HCSM	Development of required protocols Institutional and human capacity building for 12 active surveillance sentinel sites	• Logistical support for follow-up visits to sentinel sites • Leverage resources for lab and ICT equipment and enhanced institutional/ HR capacity building
TECHNICAL AREA 3: SUPPORT TO LABORATORY GOVERNANCE, COMMODITY SECURITY, AND SERVICE DELIVERY					
3.2 An effective and efficient supply chain	Poor lab commodities reporting rates including for HIV RTKs (currently at 50%) and Malaria RDTs (currently not available) (in 37 targeted districts) Poor quantification procedures Stock out at the facility level	**Establish and Build Capacity of Regional Laboratory Commodity Security TWGs.** **Work with the regional management teams (PHMT, County HMTs) and other stakeholders to strengthen oversight of laboratory commodities through the formation of regional Laboratory Commodity Security Technical Working Groups (LCS TWG). (By December 2011)** a. Work with regional management teams (PHMT, DHMTs, and County HMTs) and regional partners to provide facilities with tools for data collection and reporting. b. Build the capacity of regional LCS	APHIA Plus, /MSH-CDC/KEMRI-CDC/KEMSA/ NASCOP/JICA/ CHAI/SCMS and other regional partners	Support in engagement meetings Development and review of tools Support in generation of the monthly lab commodity stock status report	leverage (Cost-share)in support supervision Undertaking Support supervision

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
		TWG for laboratory commodity management activities. This will include support to generate routine commodity status summary reports and identification of gaps and prioritization of interventions for laboratory commodity system strengthening. c. Build capacity of regional lab personnel through provision of quantification and pipeline monitoring tools and skills transfer, On Job Training (OJT), mentorship, strengthening of leadership and management capabilities of laboratory personnel **(regional level)**			
	Weak Logistics Management Information Systems (LMIS) for tracking health commodities Inadequate commodity reporting tools, poor quality reports, low reporting rates	**Strengthen the system to improve laboratory commodity information management at regional and health facility level** a. Provide tools for lab commodity data collection and reporting. MSH/HCSM will leverage with other regional partners in ensuring their constant availability at health facilities. b. Support systems for transmission of information generated at the facility levels to the regional and national levels for decision making and commodity resupply. c. Build capacity of facility staff to	MoMS/MoPHS, MoH programs, APHIA Plus, CDC, ICAP, KEC, CHAK, MEDS AMPATH,US/ DOD, other USG partners, AIDS Relief SUPKEM, Hindu Union, DANIDA P/DHMTs, Regional partners	Technical leadership for development / review of LMIS capacity building to facilitate use of the tools Provide finalized tools in ART work/CD form Capacitate the MoH and APHIA Plus and regional partners' Technical guidance and active participation in data review and feedback and	Print and disseminate the tools

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
		use laboratory commodity information for decision making d. Capacitate the PHMT to undertake data quality audits at health facilities ***(national and regional levels)***		meetings	
	Low malaria laboratory diagnostic coverage Low positive yield (sensitivity) for malaria microscopy test Lack of training materials in LCM Lack of a TOT pool in LCM	**Support DOMC in the review of the RDT training curriculum;** a) Build Capacity of health workers on use of RDTs; b) Support the review and finalization of the RDT reporting tools; c) Support Supervision and on the job training for laboratory commodities (including RDTs	MoMS/MoPHS, MoH programs, APHIA Plus, DOMC, APHIA Plus, MSH/HCSM	TA in review of the curriculum development Support stakeholder meeting to review and finalize RDT reporting tools	Support in transmission of information from facility to national level Support in mentorship, on job training Support supervision
	Poor inventory management practices Poor recording and reporting Lack of skills on	**Strengthen capacity of Health workers to manage laboratory commodities at facility level. MSH/HCSM will carry out interventions that will include:** Build capacity on laboratory commodity management using local resources including 40 TOTs nationally. a) Provision of commodity management SOPs, job aids, inventory management tools and OJT b) Implementation of support supervision	MoMS/MoPHS, MoH programs, APHIA Plus, /MSH-CDC/KEMRI, MSH/HCSM	Build capacity of TOTS Develop Job aids, SOPs,	Support supervision Training regional staff on lab LCM Support supervision

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	use of tools	for laboratory commodities c) Build capacity on laboratory commodity management using local resources including 40 TOTs. d) Provision of commodity management SOPs, job aids, inventory management tools and OJT e) Implementation of support supervision for laboratory commodities ***(national and regional levels)***			
	Poor inventory management, poor reporting,	**Support the NPHLS and DML/NBTS to finalize the Lab Commodity Management curricula, and other training materials**: a) Engage stakeholders to develop a Laboratory Commodity Management TOT Curriculum, job aids and SOPs for national rollout. b) Adapt the Laboratory Commodity Management Curriculum for levels 1-3 and complementary job aids and SOPs for national rollout. ***(national level)***	MoMS/MoPHS, MoH programs, APHIA Plus, /MSH-CDC/KEMRI, MSH/HCSM	Support engagement meetings. Review meetings develop job aids, SOPs, develop curriculum for lower levels facilities	Leverage support in establishment of lab commodity sub-committee Cost sharing in activities for generation of the report.
	Lack of lab commodity essential list to inform the procurement plans Poor	**Build Capacity of the existing national laboratory commodity security committee to develop an essential Lab commodity List and coordinate the peripheral level activities**. Work with MOMS/MOPHS to reconstitute and expand the existing national Laboratory commodity security committee to incorporate key laboratory stakeholders.	MoMS/MoPHS, MoH programs, KEMSA, SCMS, MSH/HCSM, APHIA Plus partners	Support reactivation of the committee, Support development of the work plan, TORs Support to annual national F&Q, Procurement planning and development	Support printing and dissemination of Laboratory Commodity List Logistic support to training on F&Q

Outcome Area	Gaps / Challenges	Interventions	Partners	Role of HCSM	Role of Partners
	quantification practices	This will expand the scope of the committee beyond the current HIV commodities. a) Work with MOMS/MOPHS to reconstitute and expand the existing national Laboratory commodity security committee to incorporate key laboratory stakeholders. This will expand the scope of the committee beyond the current HIV commodities. b) Support the Committee to develop a national Essential Laboratory Commodity List to rationalize and guide procurement. c) Capacitate the MOMS/MOPHS counterparts and key stakeholders at national level to plan for and provide adequate oversight for laboratory supply chain management and commodity security. This will include training on specific areas like forecasting, quantification and procurement planning and use of data for decision making; provision of supply chain tools (e.g. Quantimed, Pipeline); analysis and provision of feedback to regional and facility level staff. d) Active support to the annual national quantification and forecasting, procurement planning and development of routine strategic information reports. ***(national level)***		of routine strategic reports	